mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6203
1. PLACE OF DEATH		
County a _ Q WITHIN CORPORATE LIMIT	Registration Dist. No.	
Village or City amafrotis ma	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town whera daath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	iumber)
2. FULL NAME Wilmore adjson (a) Residence: No. 62. North West (Usual place of abode)	St., Ward. / If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs BESSIE adison	22. I HEREBY CERTIFY, That I attanded of	
6. DATE OF BIRTH (month, day, and year) (third 8 1879	I last saw h 1 M live on 12/9 1934	, 19
7. AGE Yaars Months Days If IESS than	to have occurred on the date stated above, at 10:20 Pm.	; death Is said
5.5 - ang / Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	D
8. Trade, profession, or particular kind of work done, as SPINNER, Care of The		Date of onset
9. Industry or business in which work was done, as SILK MILL, U.S. N. ashelvelic Club-	Lobar Preumonia	11/21/24
10. Date decaasad last worked at November 11. Total time (years) 30 y spent in this 30 y occupation 99 y		
12. BIRTHPLACE (city or town) amaholio (State or country) $a - a - co - vad$	Other Contributory Causes of importance:	
13. NAME Frank adison		
(State or country) Q-Q-Co-Md	Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Marka a- adeson	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Ches Ter Lield (State or country) Q - Q Co - Md	Accidant, suicida, or homicide? Date of Injury	
17. INFORMANT Mrs BESSIE adison (Address)	(Specify city or town, county and State Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manager	
Place Brantinill Date 12, 13, 1934	Manner of injury	
19. UNDERTAKER E. H. B. Parker (Address) 47 Washingsfon 81.	24. Was disease or injury In any way related to occupation of decaased?	VO.
20. FILED 212, 1934 AMM Way.	(Signed) Lawrence w. Green	∨ € M. D.

of more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

· Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUS 15 330			
Other contributory causes of Amportance:		Other contributory causes of importance:	PER STATE
Gallstones	May 1,1923	Gastroenteritis	1 year
			Take Hard

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. LARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

V. S. No. 1

1. PLACE OF DEATH		93-0 8	1
County a a		Registration Dist. No.	<i></i>
Village or City anna	poles	ND/2 St. St. f death occurred in a horpital or institution, give its NAME instead of street	,War
Length of residence in city or town where	//		mosd
2. FULL NAME	sica B	antisell WITHIN CORROBATEL	MITS 61
(a) Residence: Np.	with soe	St., Ward.	
(a) hesidence. No.	(Usual place of abode)	of nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 <u>4</u>
e. If married, widowed, or divorced HUSBAND of. (or) WIFE of	antisee	1 HEREBY CERT & FY That I atter	
. DATE OF BIRTH (month, day, and year) /	10/16-1872	I last saw h 32 alive on Sec 13 195	death is sa
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7 Pm.	1w, udath 13 3s
62 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular		were as follows:	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	four wife	Chr. Myrcor Delis	1931
9. Industry or business in which work was done, as SILK MILL.			
SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month and year)	spant in this occupation		
2. BIRTHPLACE (city or town) Lefing	los mo	Dther Coutributory Causes of Importance:	
(State or country)		arterio felizario	unk
13. NAME Ges Bree 14. BIRTHPLACE (city or town)	dana		
14. BIRTHPLACE (city or town)		Name of operation Date	of
(State or country)		What test confirmed diagnosis? Was there	7,
15. MAIDEN NAME Sarah	peatt	23. If death was due to external causes (VIDLENCE) fill in also the folio	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) mo		Where did injury occur?	16
7. INFORMANT / One Cond (Address) /22 Smith Co	isell marsholis me	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	C PLACE.
B. BURIAL, CREMATION, DR REMOVAL Place Cedan Trell Worth	Date 1 9 19 ,19 3	Manner of injury	
9. UNDERTAKER 3 2 27 (Address) and apo	les mo	24. Was disease or injury in any way related to occupation of deceased	, 200
0. FILED /2 /8 ,19 34 9	Must Registrar.	(Signed) Leoy C. Beer (Address) Allery and	6 / M.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrluge	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(157-E)
County a a	Registration Dist. No.
Village or City Chronoafolo	No. Ener Genera Hospital St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 00'	
2. FULL NAME Wellegy to ac	WITHIN CORPORATE LIMITE
(a) Residence: No.25 - Johns (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
On DIVORCED (swrite the word)	December 11, 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	I HEREBY CERTIFY. That I attended deceased from
1/5/1- 1626/	December 11, 193 V, to December 11, 193 V
6. DATE OF BIRTH (month, day, and year) Word 5 - 1934 7. AGE Years Months Days If LESS than	I last saw h alive on Declarate 11, 19.5. 4; death is said
7. AGE Years Months Days If LESS than I day,hr	to have occurred on the date stated above, att_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPI NNER, SAWYER, BOOKKEEPER, etc.	Taren Joranna Ovale
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) assemble to the	Loul
(State or country)	_
13. NAME William W Queriel Sr	
(State or country) South Carolinea	Name of operation Date of Date of
	What test confirmed diagnosis? Cuttofie Was there an autopsy?
15. MAIDEN NAME Vacour on Berry	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country) Falswell ne	Accident, suicide, or homicide? Date of Injury, 19
21.20.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Steer to amples no	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cedar Bluff Date Dec 12, 193	Nature of injury.
B of Hopelinia	24. Was disease or injury in any way related to occupation of deceased? (CO)
19. UNDERTAKER (Address) Conoch man	If so, specify
12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Horman Toberto M. D.
20. FILEO 1.72 1 6, 19 54 2 THUR Registrar.	(Address) US Maral Cleadure
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	of
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	Every
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ARGIN RESERVED FOR BINDING	N. BWILTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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mation-Mould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF M	MARYLAND-	CERTIFICATE	OF DEAT	Γŀ
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	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	2087
1	. PLACE OF DEATH			(B)	
	County Anne Arund	el 1/17		Registration Dist. No. 21	
	Village or Citynnapoli		7442	" 107 Cathedral	Ward
		The state of		death occurred in a hospital or institution, give its NAME instead of street and i	number)
			yrsmos	ds. How long in U.S. if of foreign birth?yrsmi	sds.
2	FULL NAME FLORENCE	BAKER			
	(a) Residence: No. 107 Cat	hedral		St., 🤞 Ward.	
	PERSONAL AND STATISTI	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.	SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
		OR DIVORCE	D (write the word)	Decmeber 10	. 193 4
_	If merried, widowed, or divorced	sin	Te	(Month) (Day)	(Year)
	If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended	deceased from
7_		7.1		, 19, to	, 19
	DATE OF BIRTH (month, day, and year)	To fu	mely	I last saw h elive on, 19,	; deeth is said
	AGE Years Months	Pays	If Lass then 1 day,hrs.	to have occurred on the date stated ebove, etm.	
LD	out 60 - nø		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc				
	SAWYER, BOOKKEEPER, etc	none		Cleadulas burning	~~~~~~~
	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc				
SS	10. Dete deceased last worked et this occupation (month end	11. Total time (years) spent in this			
_	year)		upation		
12.	BIRTHPLACE (city or town) 1nna	polis,		Other Contributory Causes of importance;	
	(State or country)	Norvian	1Q	Suffection smoke	
ER	13. NAME John R. Bake	r.		land fee	
FATHER	14. BIRTHPLACE (city or town)	anolis.		Name of operation Dete of	
1	(State or country)	larvlar	id.	What test confirmed diagnosis? Was there en e	utopsy? hd.
HER	15. MAIDEN NAME Rachel	nn Tydi	nes	23. If death was due to external causes (VIOLENCE) fix in elso the following	:
OTHE	16. BIRTHPLACE (city or town)	napolis	-	Accident, suicide, or homicide? Cullabut Date of Injury 12/	10,1934
E	(State or country)	Narylah	nd.	Where did injury occur? Campba Ducel	
17.	INFORMANT Frank Baker,	************		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
	(Address) Annapolis, N	d.		Herry p	1 10
18.	BURIAL, CREMATION, OR REMOVAL Place anna polis Id.	Date De c	1234	Manner of Injury / Sum Feel Jess Gullery Cl	olling
	Flace. And the second of the s	Date		Nature of injury	7-
19.		lor,		24. Was disease or injury in any way related to occupation of deceased?	7
-	(Address) Annanolis,	All	10	If so, specify	7-12
20.	FILED 12 1934	Min	eny.	(Signed) tegender to know	J.M. G.
		1	Registrar.	(Address) Celing Cooker	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. 3. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Run over by street car	1 week ago
Cerebral hemorrhage	July 3927	Critonitis	3 days ago
/1	199	40)	
Other contributory causes of importance:	100	Other contributory causes of importance:	
- Causanto	May 1, 1923	Gastroenteritis	1 year

Addition of	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN Mr. Those age of deceased: letter filed 1/7/35 under Mr. Those	5.
	JP., coroner L.	

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. item of County___ No. Village or City____ (If death occurred in a hospital or institution, give its NAME instead of street and number) JO How long in U. S. if of foreign birth? _____ yrs. _____ mos.__ ds. Length of residence In city or town where death occurred PHYSICIANS statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH Exact PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Year) (Month) (Day) classified. 5a. If married, widowed, or diverced FY. That I attended deceased from CERTI HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) H certificate properly If LESS than to have occurred on the date stated above, at Days Months 7. AGE Years stated 1 day ._ Z-hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. wera as follows: Cate of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9, Industry or business in which back may should work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) no 10. Date deceased last worked at spant in this this occupation (month and that occupation . instructions AG] Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ARGIN (State or country) supplied. terms, FATHER 13. NAME Name of operation. See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? should be carefully MOTHER 23. If death was due to external causes (VIOL ENCE) fill in elso tha following: 15. MAIDEN NAME important in Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town Whera did injury occur? ___. (Stata or country (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, Manner of injury CAUSE Nature of injury. mation MOLL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE If so, specify (Address) (Signed)

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RESERVED

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	ABIL: 1- 1830	July 5, 1927	Peritonitis	3 days ago	
	MIODALLY, 4.				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar, adendo

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example 1.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA. STATE OF MADVI AND CEDTIFICATE OF DEATH

County Olland Registration Dist, No. Village or City Or Lower where death according to the country of the same of	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City. About Mark Length of residence in city or town where death occurred in a bopsis or miniturion, give its NAME interest and auments of street and auments of str		Registration Diet No. 22
Length of residence in city or town where death control of the con	10 -1 - 7	
2. FULL NAME (a) Residence: No. (Charaplace of abody) SIL Andrew (Month) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OBJURGES (b) DIVORCES (Gyric the word) Sa. III marrind, widowad, or proceed (Gyrivite of Correct of Correct) (Sale profession, or particular Sind of work dome as SPINNER, SANTE OF SIRTHE Month, day, end year) (b) List saw h (c)	0	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usualphee of show) (Manth) (Man	Cal. 1 91.	ds. ds. law long in U.S. if of faceign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OB PARE OR DIVOICED 15 pinc the word) So. II married, widoward, or afforced will SAND (Nomith) Date of MRTH Month, day, and year) E. DATE OF MRTH Month, day, and year) L. DATE OF MRTH Month, day, and year) Days II LESS than 1 day. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and raistant-causes of importance were as a follows. SAW MILL, BRANK, alc. J. Industry or business in which is sawn with this occupation (month and year) Days will be a sawn on the date stated above, at 2 day. hrs. or. min. Days or	2. FULL NAME COLLEGE SACRO	le survey
2. SIX 4. COLOR DERACE OR DIVORCED Lyric that word) 3. HI marriad, widowad, or jorcad (norm) 5. LATE OF MIRTH (month, day, and year) 6. DATE OF MIRTH (month, day, and year) 6. DATE OF MIRTH (month, day, and year) 7. AGE 8. MOSHING 1 day	(a) Residence: No. (Usual place of abode)	
OR DIVORCED (spice that word) 39. If married, widowed, or porced HUSBAND or	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
5. DATE OF SIRTH Month, day, and year) 6. DATE OF SIRTH Month, day, and year) 7. AGE Years MgeRFF Deys If LESS than 1 day Ars or min. 3. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BARK, alc. SAW MILL,	Male White OR DIVORCED (grite tha word)	Wee. 26 193 4
5. DATE OF SIRTH (month, day, end year) 7. ACE Coars Magarty Deys If LESS than O 1 day, hrs. Or min. 1. SAVYER SPOKKEPER, ris. S. Industry or business in which SAW MILL, BANK, sic. 10. Date decased last worked at this occupation (month and year) S. BIRTHPLACE (city or town) (State or country) Distribution of operation. Name of operation. What test confirmed diagnosis? Was thare an autopay? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicture, homoide? Specify whether injury occurred in Insularity, in HOME, or in PUBLIC PLACE. (Signas) 11. Signash 12. Signash 13. NAME What test confirmed diagnosis? Where did injury occurred Specify whether injury occurred in Insularity, in HOME, or in PUBLIC PLACE. (Signas) 12. Signash 13. Signash 14. Signash 15. Magarta (Signash) 16. Signash 17. INFORMANT 18. Surrian (Signash) 18. Signash 19. 3. Jasath is said to have accurated on the adae stated above, at 2 days and a said to have accurated on the adae stated above, at 2 days and a said to have accurated on the adae stated above, at 2 days and a said to have accurated on the adae stated above, at 2 days and a said to have accurated on the adae stated above, at 2 days and a said to have accurated on the adae stated above, at 2 days and a said to have accurate and the adae stated above, at 2 days and a said to have a said and	HUSBAND OF A CO	22. I HEREBY CERTIFY, That I attanded deceased from
7. AGE Series Months Deyr If LESS tham I day,	6. DATE OF SIRTH (month, day, end year) 104.16-1846	1/1 - 25
B. Trade, profession, or particular is find of work done as SPINNER. January 19 10 10 10 10 10 10 10 10 10 10 10 10 10	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.2.4.
Trade, profession, or particular Sank		were as follows:
Described by Costribution Costr	8. Trade, profession, or particular kind of work done, es SPINNER, January SAWYER, BDOKKEPPER, etc.	Chest Shoucho mecenous De 21;
Described by Cost of the control of the cost of the co	9. Industry or business in which work was dona, as SILK MILL,	
Described by Costribution Costr	10. Date daceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOUNAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 21. Place 22. FILED 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Specify whether injury occurred in Insuler RY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Addrass) 20. FILED 24. Was disaasa or injury in any wey related to occupation of dacaesed? (Signad) (Signad) (Address) (Address) (Address)	- Shairt ii fiil	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city ottown) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMODAL Place 19. UNDERTAKER (Addrass) 20. FILED 10. App Jo car Registrar. 11. Date of Manual City of town (Signad) 12. Was disaasa or injury in any wey related to occupation of dacaesed? (Address) Manual Manual City of town, country and State) Specify whether injury occurred in Insulation, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disaasa or injury in any wey related to occupation of dacaesed? 18. Specify whether injury (Specify and State) Specify whether injury occurred in Insulation, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disaasa or injury in any wey related to occupation of dacaesed? 15. Signad) M. D. Car Registrar. (Address) M. D. Car Registrar.	12 RIRTHPLACE (city or town) Olevery	Dther-Contributory Causes of importance:
What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city by town) (State or country) 17. INFORMANT		desilet
What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city by town) (State or country) 17. INFORMANT	# 13. NAME John J. Barnsley	Chronial Myscarditio
What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city by town) (State or country) 17. INFORMANT	14. BIRTHPLACE (city or town)	Name of operation Date of
Whera did Injury occur? (Specify vity or town, county and State) Specify whether injury occurred in Insurance or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMODAL Place Place Place 19. UNDERTAKER (Addrass) 20. FILED 20. FILED 21. 1934 21. 1934 22. Was disaasa or injury in any wey related to occupation of dacaesed? (Signad) (Signad) (Signad) (Address) (Address) (Address) (Address) (Address)	(Stata of Country)	What test confirmed diegnosis? Was there an aulopsy?
Whera did Injury occur? (Specify vity or town, county and State) Specify whether injury occurred in Insurance or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMODAL Place Place Place 19. UNDERTAKER (Addrass) 20. FILED 20. FILED 21. 1934 21. 1934 22. Was disaasa or injury in any wey related to occupation of dacaesed? (Signad) (Signad) (Signad) (Address) (Address) (Address) (Address) (Address)	15. MAIDEN NAME WILL Juce	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Whera did Injury occur? (Specify vity or town, county and State) Specify whether injury occurred in Insurance or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMODAL Place Place Place 19. UNDERTAKER (Addrass) 20. FILED 20. FILED 21. 1934 21. 1934 22. Was disaasa or injury in any wey related to occupation of dacaesed? (Signad) (Signad) (Signad) (Address) (Address) (Address) (Address) (Address)	16. BIRTHPLACE (city blown)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMORAL NULL Dete La 28, 1934 19. UNDERTAKER (Address) 20. FILED Le 26, 1934 Achy Loca Registrar. Specify whether injury occurred in Information, Information of PUBLIC PLACE. Manner of injury Nature of injury 24. Was disaasa or injury in any wey related to occupation of dacaesed? (Signad) (Signad) (Address) M. D. Achy Loca Registrar.	(State or country)	(Specify airy or town county and State)
Place Friend Shift Mid Dete St. 28, 1937 19. UNDERTAKER A Land St. 24. Was disaasa or injury in any way related to occupation of dacaesed? 24. Was disaasa or injury in any way related to occupation of dacaesed? 25. FILED St. 26, 1934 26. FILED St. 26, 1934 27. Acept Local Registrar. (Address) (Address) (Address)		Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER A Lalum Son 24. Was disaasa or injury in any wey related to occupation of dacaesed? M. D. Genes 20. FILED Lee 26, 1934 N. D. Jenes Apply Locafegistrar. (Address) Allouto Lud.	1 2 2 1 1 Med 11/2 2 / 2/1	Manner of injury
(Address) 20. FILED Lee 26, 1934 N. D. Jenes April Loca Registrar. (Signad) 101 / Oliver M. D. (Address) Address) Allouto Line.	Place Truth July July Dete 18 18, 1957	Nature of injury.
20. FILED Lee 26, 1934 N. D. Jerres (Signad) With Delle M. D. Achy Loca Registrar. (Address) Delle uto Lind.		
	A A CA	(Signad) Wiff Out Hey M.D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 7	11000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

	STATE OF MARYLAND	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH		
	County anna arundel	Registration Dist. No.	-
	Village or City Cinnapoles	No. 34 Moellewest St., 3 War	d
	-//	death occurred in a hospital or institution, give its NAME instead of street and number)	100
	Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosd	\$.
2	2. FULL NAME Mary Collen Tras	WITHIN CORPORATE LIMITS	
	(a) Residence: No. 39 Marillawest (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	-
-	OR DIVORCED (write the word)	Are 29 1004	
-	Block Midow	(Month) (Day) (Year)	
ba.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro	m
	12 - A A . CL 1815	, 19.7 , to , 19.3 y	
	DATE OF BIRTH (month, day, and year) Oct 20 4 1863	I last saw h	id
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 m.	
	71 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	-
z	8. Trade, profession, or particular	A A Date of Da	
9	kind of work done, as SPINNER, Nove	Ct. Suportral	
OCCUPATION	9. Industry or business in which	ala. F. alan	1-
CU	work was done, as SILK MILL, SAW MILL, BANK, etc	Wholisher 240	×
Ö	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	ayo	-
	a 0. 10 c.	Other Contributory Causes of importance:	
12.	(State or country)	F-1	- /
œ	0.4	ATTIMO CELTO ZES OTAL	1
FATHER	13. NAME Muchustum	90	•
AT	14. BIRTHPLACE (city or town)	Name of operation	
_	(State or country)	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME Ulukuru	23. If death was due to external causes (VIOLENCE) fill In also the following:	
TC	16. BIRTHPLACE (city or town) Mushman	Accident, suicide, or homicide? Date of Injury 19	
×	(State or country)	Where did Injury occur?	
	Max. B.00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
17.	INFORMANT (Address)	open, maner many essence in subservit, in nome, or in reserve report.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Christola Up Date Lary 2 1935	Neture of injury	
	1 a Dec Helo		
19.	UNDERTAKER White M. Weight	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) (Compali Lugi	If so, specify	
20.	FILED / 229 1934 Munby:	(Signed) M.	D.
0	Resistrar.	(Address) Aus of the my	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
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· A BUPPART V R				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

				61
1-	4	6	9	1

1. PLACE	OF DEATH				
County_	Anne Arun	del			Registration Dist. No. 26
Village o	or CityDrur	y			No.
Length of	residence in city or to	own where de	ath occurred	(I) mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
	NAME				usus.
	dence: No.				St. Ward.
			(Usual place		If nonresident give city or town and State
	ONAL AND S	TATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
mal e	4. COLOR OR	RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH December 8 , 193 4 (Month) (Day) (Year)
5a. If married, wi HUSBANO o (or) WIFE o	dowed, or divorced of f				22. I HEREBY CERTIFY, That I attanded deceased from
C DATE OF DIR	****	Doo	0 1074		, 19, to, 19, 19
	TH (month, day, and y Years	Months	8, 1934 Days	If LESS than I day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
SAW)	ofession, or perticula of work dona, as SPI YER, BOOKKEEPER, et or business in which was dona, as SILK M MILL, BANK, atc	NNER,		ormin.	were as follows: Oate of onsat
- 1 11130	eased last worked at eccupation (month and		spe	ime (years) ntin this upation	
12. BIRTHPLACE (State or o		ury, M	d		Other Contributory Causes of Importance:
I3. NAME	William Bl	ake			
	ACE (city or town) or country)	Md•			Name of operation Oate of
15. MAIDEN	NAME Bessi	e John	son		23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
	ACE (city or town) or country)	Md			Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT _ (Address)					(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	MATION, OR REMOVA		_Date	,19	Manner of injury
19. UNOERTAKER (Address)		V			24. Was disease or injury in any way related to occupation of deceased?
20. FILED	, 19	6		Registrar.	(Signed) Gev. 15 Deuf M. D. (Address) Christophon
LOCAL HE	METRAR No.	2 6 more bla	inks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.—WRITE PLAINLY, WI

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Cerebral hemorrhage SE67	July 5, 1927	Peritonitis	3 days ago		
THE SAME					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

+	item of infor-	should state	of OCCUPA.	1
•	-WEFFE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
BINDING	PERMANENT	HEXACTLY	rly classified.	cate.
SRVED FOR	A SI SIHT-X	nould be stated	may be prope	back of certific
MARGIN RESERVED FOR BINDING	NFADING IN	plied. AGE sl	erms, so that it	instructions on
MA	NLY, WIT	e carefully sup	ATH in plain te	nportant. See
(-WEATED PLAIN	mation should b	CAUSE OF DE	TION is very important. See instructions on back of certificate.

STATE OF	MARYLA	ND-CERTIFI	CATE	OF	DEATH
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1.	PLACE OF DEATH			(07.0)			
	County anne arunde			Registration Dist. No.			
	Village or City <u>Grownsvi</u> Length of residence in city or town where		(II	St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as			
2.	FULL NAME Alexand						
	(a) Residence: No. 507 38			If nonresident give city or town and State			
	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
	le Black	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 9 (Dey) (Year)			
5a, If	merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That i attended deceased from 19.74			
	TE OF BIRTH (month, day, end year)	1905		I last saw h alive on Dec. 9, 1974; death is seid			
7. AG	E Years Months 29 Unknown	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:			
I2, BI	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) IRTHPLACE (city or town) (State or country)	spa	time (years) Intin this Unkni Upetion Unkni	Broncha frammonia. Duration ten days. n vin Secondacy to eshoustion, due to maniscal Other Contributory Causes of importance: Deildration and enaciation United.			
4	4. BIRTHPLACE (city or town)	ginia		Name of operation Date of			
17. IN		Unknown town cords Maryls Tem		23. If deeth wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?			
20. FI	1)	7. Joyc	Registrar.	(Sighed) (Address) LOWIS VILLE, Maryland			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WIT.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	93-0			
County a - Q.	Registration Dist. No. 2			
Village or City Eastport	No 2 murphy St., Ward			
Length of rasidance in city or town-where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.			
2. FULL NAME Thomas a B-	ile L			
(a) Residence: No. 2 mush st Eastfort	St Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
Me w married	(Month) (Day) (Year)			
5a. If married, widowad, or divorced HUSBAND of	22. — I/HEREBY CERTIFY. That I attended deceased from			
(or) WIFE of Sale of Bull	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year)	I last saw h 41 aliva on Que 11 , 1934; deeth Is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atRR			
55 11 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
Trada profassion or particular	Data ot one at			
kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	My ocorditis Chrime) Unkun			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaased last worked at 30 11. Total time (years) / 9.3/ this occupation (month and	/			
SAW MILL, BANK, etc				
this occupation (month and year)				
Males ile and	Othar Contributory Causes of importance:			
12. BIRTHPLACE (city or town) Shadyside and (State or country)	(internal la base)			
13. NAME Thomas a Bull de	man man			
13. NAME Thomas a Beel de	Name of operation Date of			
(State or country) Shadyside 1200	What test confirmed diagnosis? Was there an autopsy? Two			
15. MAIDEN NAME Mary asm Taylor	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19			
E (Stata or equality) Wygenee	Whara did injury occur?			
17. INFORMANT July Bull	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,			
(Address) 2 musples At Eastfort				
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
Place Milay Selde Date 19	Natura of injury			
19. UNDERTAKER 13 L Hopefry	24. Was disease or injury in eny way ralatad to occupation of deceased?			
(Address) Come of the order	If so, spacify			
20. FILED 2 / 3 , 19 34 Hungh	(Signed) Leorge (Done) M.D.			
Registrar.	(Address) Muepolio mg.			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RODE N. S.	:			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
much and the second sec				

OR FURTHER STATEMENTS BY PHYSICIAN
OR FURTHER STATEMENTS BY PHYSICIA

MARGIN RESERVED FOR BINDING V. S. No. 1

1.	PLACE O	F DEATH	OI MAKILAND	-CERTIFICATE OF DEATH	001		
	County	A C	A.	Posistrukies Piet N. A.	/		
		City Man Il	esses Hills	Registration Dist. No. O	Ward		
(If death occurred in a horpital or institution, give its NAME instead of street and number)							
	Length of res	sidence in city or town whe	re death-occurredyrs,m	sds. How long In U.S. if of foreign birth?yrsn	103ds.		
2. FULL NAME + Cahum Cook							
	(a) Resider	nce: No mull	(Usual place of abode)	St., Ward. If nonresident give city or town an.	I State		
	PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diac		
SE)	ale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lec (Month) (Day)	, 193 4 (Year)		
1	marriad, widov IUSBAND of or) WIFE of	wed, or divorced		1 HEREBY CERTIFY, That I attended	daceased from		
6. DA	TE OF BIRTH	(month, day, and year)	may 6 1891	I last saw h alive on 19	death is said		
7. AGI		Months 7	Days If LESS than 1 day,hrs	to have occurred on the data stated abova, at 10140 m. A-M			
= 1	Trade, profa	ession, or particular	9,0-01		Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and				Myocordin	Zuly		
O. O.	work wa	business in which is dona, as SILK MILL, LL, BANK, etc		Memoring submices.	- buts		
00 1	this occu	sed last worked at upation (month and	11. Total time (yaars) spent in this				
		M	occupation	Other Contributory Causes of Importance:			
12. B1	RTHPLACE (ci (State or cou	400	mel	- Luberculous for for of			
1	B. NAME	William	. N. Stansberg	4	-		
1/2 1/2	I. BIRTHPLACI	E (city or town)	Zent elslamet	Name of operation Date of			
-	(Stata or	r country)	not	What test confirmed diagnosis? Was there an	9		
	MAIDEN NA	ME Clond	Cook	23. If death was due to axternal causes (VIOLENCE) fill in also the following	g:		
-		E (city or town)	A & B. A.	Accident, suicide, or homicide? Date of injury	, 19		
-1-	(Stata of	r country)	The state of the s	Whare did injury occur? (Specify city or town, county and Sta	te)		
17. IN	(Address)	multe	iry Hill.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
18. BU	1).	TION, OR REMOVAL	J Mag 11 01	Manner of Injury			
	Placa 21	N NEVILLE	Data 193 7	Nature of injury			
19. UN	DERTAKER (Addrass)	1-15.	forting of	24. Was disease or injury in any way related to occupation of deceasad?	no		
20. FII	ED 12/	1 1934	Mushin "	(Signed) from My Horn (Address) Am John Ma Lon	Myo		

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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MARGIN	

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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)RD	IYS	st	
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PI	P	erly	icat
S	tate	rop	rtif
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IX.	shou	t m	ı ba
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N	ppli	tern	ins
	ns /	ain 1	See
WIT	fully	ld r	nt.
Υ,	are	H in	rta
N	pe (SAT	mpc
LAI	plu	DI	ION is very important. See instructions on back of certificate.
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RIT	ion	USE	Z
M	nat	Al	FIO.

STATE	OF	MARYL	AND-	-CERTIFIC	CATE	OF	DEATH	<i>a</i> -	12113
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1	L. PLACE OF DEAT	TH			39			
	County Anne				Registration Dist. No. 222			
	Village or City Ne	ar Laur	el,Md.		No. District Training School, Ward			
	Langth of socidance in ai	h		4 (1	death occurred in a hospital or institution, give its NAME instead of street and number) 7. ds. How long in U.S. if of foreign birth? yrs			
	Length of residence in ci			yrsmos				
	2. FULL NAME							
	(a) Residence: No.D	istrict	Traini (Usual place		St., Ward. If nonresident give city or town and State			
1000000	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH			
3,	SEX 4. COLO	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH			
	F Col	ored	Single	D (write the word)	December 24,1934 ,193			
5e.	If married, widowed, or divo	rced	,		(Month) (Dey) (Yeer)			
	(or) WIFE of				22. I HEREBY CERTIFY, Thet I attended deceased from			
		_	00 00		December 23 34			
_	DATE OF BIRTH (month, de) AGE Years	Months	28-26 Deys	If LESS then	to heve occurred on the date stated above, at. 7.30 A.M.			
	8	6	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
_	8. Trede, profession, or pa	1	1 20	ormin.	were as follows: Luctic Meningitis Peterson of the state			
ō	kind of work done, SAWYER, BDDKKEE	es SPINNER.	None		THEFT WELLTIST 170			
OCCUPATION	9. Industry or business in work was done, as S	which	None					
CCU	SAW MILL, BANK, e	etc		ima (vana)				
ŏ	this occupation (mor	nth end	spei	ime (years) nt in this upation				
	200	Wochi	ngton		Other Contributory Causes of Importance:			
12.	BIRTHPLACE (city or town). (Stete or country)	D.C						
ER	13. NAME Warner	Cook						
FATHER	14. BIRTHPLACE (city or to		land		Name of operation Date of			
F	(State or country)	(WII)	***************************************		Name of operation Date of What test confirmed diagnosis? Wasserman Wes there an autopsy [10			
ER	15. MAIDEN NAME ISA	ggie Ro	berts		23. If deeth wes due to external ceuses (VIDLENCE) fill in elso the following:			
MOTHER	16. BIRTHPLACE (city or to	wn) Virg	inia		Accident, suicide, or homicide? Dete of injury19			
X	(State or country)				Where did injury occur?			
17.	INFORMANT Record	s Dist,	Trainin	g School	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
	(Address)							
18.	BURIAL, CREMATION, OR R	ENOVALGIN	Date Dec	26 311	Menner of injury			
	Mace V	10. 14			Neture of injury			
19.	UNDERTAKER Special	a Wist In	aning !	school.	24. Was disease or injury in any way related to occupation of deceased?			
-	(Address) (lime	notes fer	. mg	2 1	If so, specify			
20.	FILED Dee 26, 1	934 XOla	all Noa	slufe	(Signed) M. D. M. D.			
		7.0	doeal	Registrar.	(Address) DIST / A. DEKOOL FAILER / M.D.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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it	Example II	419
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Rolles Adinterly said a toron	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County CC - CC -	Registration Dist. No. 2
Village or City QCNES 1 111d	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME LOWY HARW Day.	
(a) Residence: No. Jones Mid	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH Company (Month) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of James Day.	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF PIPTIS (most) American Doll 1 1006	I last saw had alive on See 2 3 193 (death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at 1.2 m. m.
95 X 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Domestic	Lahar Mumma Declot
9. Industry or business in which	
SAW MILL, BANK, etc.	
10. Oate deceesed last worked at this occupation (month and speet in this occupation	
N	Other Coutributory Couses of importance:
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(State or country) $g = a - co - md$	
13. NAME John Summinvelle	
14. BIRTHPLACE (city or town) JOMES	Name of operation
(State or country) Ta-U-Co Ma	What test confirmed diagnosis? Concourt Wes there an au'opsy?
15. MAIDEN NAME Livenia Summerville	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) α - α - co md	Where did injury occur?
17. INFORMANT Carres Day	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Longo Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VINONIA CON STORY Date 1 2, 1934	Nature of injury
19. UNDERTAKER Q F/B Tarker	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 47 Washingfore	if so, specify
20. FILED 229 , 19 34 XMM	(Signed) 444444 + Klawam M. D.
legistrar.	(Address) Lo Sowinger Cw
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Balimore, Requesting V. S. No. 1. Do Klass was Rev

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E	xample I	-1 1	Example II	
The principal cause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1765	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 1 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	(5 1.11 V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N.B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificater. RECORD TH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WHETE PLAINLY, Y

V. S. No. 1

R	12097
PLACE OF DEATH	STATE OF MARYLAND
County Jule Trunder	CERTIFICATE OF DEATH
Na. 00	Registration Dist. No. 2
Village or City Millersville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME MULLAU DO	tion, give its NAME in- stead of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. 16, 1934
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
den known 1	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION Min.?	Salester - accord-moore
(a) Trade, profession or particular kind of work Saw will fallon	Historian on mule below
(b) General nature of industry business, or establishment in	andres and Come. Het and.
which employed or (employer)	rue dover
9 BIRTHPLACE (State or country) Comment of the same state of the s	Secondary Tracture Hell
10 NAME OF	and Trastus ly and
FATHER Brebliam Joseph	(Signed) Surface (Address) Hay My Klayfy
OF FATHER	*State the Discose Caveing Deschool at a in Admitted facility
State or country/// Gundel 6	Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homogland
of MOTHER Mary Duffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Proceedings (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et plece of dee.h?
(Informant) le Edurar de Floply	Former or usual residence
(Address) Yambrill md	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed /220 19234 MMfg.	20 UN DERTAKER ADDRESS ADDRESS
If more branks are needed, address tate Registres	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Whooping cough; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every frem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING A FOR IS TH UNFADING INK--THIS MARGIN RESERVED PLAINLY, W WRITE

S. No. 1

>

N. B.-

PLACE OF DEATH County Classes Assured	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sollage . O. (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored SSINGLE, MARRIED, Married WIDOWED, COR DIVORCED (Write the word)	December (Month) 8 (Day) 193 4 (var)
Fel 2 , 1905 (Month) (Day) (Year)	that I last saw h & alive on December J., 1924.
7 AGE 29 yrs. 10 mos. 4 ds. or min.?	and that death occurred on the date stated above, at 2
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs & mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Huam Harmond	Contributory Secondary (Duration) (Signed) (Signed) M. D.
II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Stattu Queen 13 BIRTHPLACE OF MOTHER (State or Country) MA	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Melvin Edwards	if not at place of dea.h? Former or usual residence
(Address) holleys 10 ma 15 Filed /2-8 1984 7. a. B. W. Registra	Marley Mec 2 Ct /2/10/34,19
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

jor given up on account of the DISEASE CAUSING DEATH, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the rnysteran, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal facer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlicria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilacmorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7 1
County a a	Registration Dist. No.
Village or City amajor	No. War group Staff Last, War If death occurred in a hospitator institution give its NAM instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Julia Estifo	WITHIN COMPONATE LIMITS OF
as the of the	
(a) Residence: No. W row (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Dec. 6 ,193 4 (Year)
HUSBAND of	22. HEREBY CERTIFY, That I attanded deceased fro
(or) WIFE ot	Dec. / 1924 to Dec. 6 193
DATE OF BIRTH (month, day, and year) 1901 Jan. 29	I last saw her aliva on Des . (,19.34; death is sai
AGE Years Months Days / If LESS than	to hava occurrad on the data stated above, at 3.10 9c.m.
3 3 1 0 7 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and Talacau Causas of Importance
8 Trade profession or particular	Wera as follows: Labor Oate of once
9/Industry or business in which	
kind of work dona, as SPINNER, The William William SAWYER, BOOKKEPER, atc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	
TO. Data deceased last worked at this occupation (month and year)	
C B C	Other Contributory Cause of importance
2. BIRTHPLACE (city or town) (Stata or country)	Tobar Ineumania 1726
13. NAME anthony	
13. NAME CLIMENTUM 14. BIRTHPLACE (city or town) Climber (Stata or country)	Name of operation name Date of Date of What tast confirmed diagnosis? Clinical Was that an autopsy?
15. MAIDEN NAME DELLA Rabonson	23. If daath was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) and through	Accidant, suicida, or homicide? Data of injury, 19
(State or country)	Whera did injury occur?
7. INFORMANT Mrs Mary b Asquella (Address) Stanward	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I rape Chapel Data OZC 1,1934	K- Nature of injury
9. UNDERTAKER A Switz St. (Address) 369 west 5t	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 12 7 , 19234 JAH MAS Registrar.	(Signad) 9. Willis Martin M. (Address) Maria M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Pa.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1		
(5)			

V. S. No. 1

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County a, a.	Registration Dist. No. 2
Village or City ledar Park	No. St. Ward
Loweth of continue to the continue of the cont	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
/ / V X	os. — yrs. — mos. — as.
2. FULL NAME Suffered Pro Go	elose
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 7 193 4 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from, 19, to
6. DATE OF BIRTH (month, day, and year) Lee 22. 1934	t last saw h alive on, 19, 19, death is sald
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Data of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	MX For
10. Oate deceased last worked at this occupation (month and spear) - occupation - o	9104 0-00
12. BIRTHPLACE (city or town) Ledas park (State or country)	Other Contributory Causes of importance:
13. NAME William Frankon	7,70,000
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Was there an autopsy?
15. MAIDEN NAME Evelyk Benchoff	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Lelee Benchoff 10.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Leedan Bluff Oate Lee 24, 19 4	Manner of Injury
19. UNDERTAKER & L Hoffing (Address) Lamage of the	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO/2 2 4 , 1934 AM Marghes. Registrar.	(Signed) (Address) Church (Address)
If more blanks are needed, address Stafe Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

state

1. PLACE OF DEATH

ç.	5	1	4		
T	6	7	1	6.7	
	ă	e.	4.	1.7	Α.

	- (II)-a)		1,	
		Registration Dis	st. No.	
No.	Marie 12 Publisher		St	Ward
	d in a hospital or institut		stead of street and	
os ds.	How long in U.S. If of	foralgn birth?	yrsm	osds.
ranie	trem			
St.,	Ward.	If nonresident aiv	e city or town and	State
1	MEDICAL CI	ERTIFICATE C		State
21. DAT	E OF DEATH	/		
	Ne	e / d la (Month)	(Day)	, 193 (Year)
_ 14	I HEREBY Lee 8 alive on urred on the data stata	CERTIFY.	That I attended (EC 10)	deceased from 1934 ; death is said
	IPAL CAUSE OF DEAT		of importance	
were as fo	llows:			Date of onset
	<i>A</i>			
	Justu	c Mcc	ι,	tyst. 1934
Other Cont	ributory Causes of Impo	tun fl	ilcza	Nec
Name of or	aration 7		Data of	
	paration			1
	onfirmed diagnosis?		Was there an	
	was due to external caus			
	ulcida, or homicide?	Date	e of Injury	, 19
Specify what	injury occur?ather injury occurred in	(Specify city or tow INDUSTRY, in HOME	vn, connty and Stat , or in PUBLIC PL	ACE.
Manner of	iniury			
Nature of i				
24. Was disa	ase or injury in any wa	y related to occupatio	n of deceased?	20
If so, spaci	fy	· · · · · · · · · · · · · · · · · · ·	uy and	
(Signe	(Addrass)	0/1	ay and	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUODALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

A-A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1910
infor- state UPA-	1. PLACE OF DEATH	(159)
P \	County a.a.	Registration Dist. No.
should f OCC	Village or City annapolis and	£ 170
shor of o	Village of City William (If	death occurred in a hospital or institution, give its NAME instead of street and number)
> 00 m		ds. How long in U. S. if of foreign birth?yrsds.
CORD. Every PHYSICIANS for statement	2. FULL NAME Patrica ann &a	eng
Sic ate	(a) Residence: No. Long puncy of oxfelal	St. Ward.
	/(Usuai place of abode)	If nonresident give city or town and State
RECORD. Exact state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
G L L	- Ne sigle	(Month) (Day) (Year)
IN E	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
IDING MANEN A C T J assified	(or) WiFE of	nor 30 1934 to Drc 1 1934
BINDING PERMANEN EXACT y classified te.	6. DATE OF BIRTH (month, day, and year) Low Nov 39-1934	liast saw h. Lr. alive on Dec L 193 Y; death is said
H T 6	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 PM m.
FOR IS A stated proper	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade profession or particular	were as follows:
HIS he be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RESERVED NG INK—THIS AGE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and spent in this	Oshus sup 24 km
SERV. NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	1 0
ESE INI INI E sl	10. Date deceased last worked at this occupation (month and year) spent in this occupation — occupation —	
N RES	a and all a	Dther Contributory Causes of importance:
N D I	12. BIRTHPLACE (city or town)	P
MARGIN RI WITH UNFADING efully supplied. AGI in plain terms, so tha ant. See instructions		1 Translers Regard
AH Upp ter in	E Numarile	7 Manuars
07 = 1	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
t pla		What test confirmed diagnosis? Was there an autopsy?
		23. If death was due to external causes (VIOLENCE) fill in also the following:
AINLY, ld be car DEATH	O 16. BIRTHPLAT (city or town) Alevely Berry	Accident, suicide, or homicide?
	2 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA uld	(Address) Paridsorevilled me	Specify whether many occurred in Probable PLACE.
FPLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三二字 音	Place St (Mary) Date Wee 3, 19	Nature of injury
-WRITE mation s CAUSE TION is	10 HADERTAKED B of Hopeforing.	24. Was disease or injury in any way related to occupation of deceased?
HOH TO	19. UNDERTAKER (Address) annaholis	If so, specify
N. B. L. C. T.	20. FILED 17 3 19 5V & Murals	(Signed) War ange, M. D.
> Z	20. FILED. 2 , 19. 24 , Thursday Registrar.	(Address) Willes the Zee
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NG O SN	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	FADING INK—THIS IS A PERMAN lied. AGE should be stated EXAC ms, so that it may be properly classifuctions on back of certificate.
V. S. No. 1 MAF	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	13	3
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1	. PLACE O	F DEATH				(159)		
	County Anne Arundel					Registration Dist. No. 27		
					(1)	No. Station Hospital St., ideath occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.		
2	. FULL NA	ME	Infan	t of San	nuel E. Goo			
		nce: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town at	d State	
	PERSOI	NAL AND S	TATISTIC			MEDICAL CERTIFICATE OF DEATH	La Existe	
3. 8	Male	4. COLOR OR	RACE	5. SINGLE, MAR	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH December 2 (Month) (Dey)	., 193(Yeer)	
5a.	If merried, wido HUSBAND of (or) WIFE of	wed, or divorced				22. JHEREBY CERTIFY, That I attende		
6. Į	DATE OF BIRTH	(month, day, and	year) Dec	ember 2	1934.	Hast saw h im alive on December 2 ,1934	; death is said	
7. /	AGE Ye	ears	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:52a m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
NOI	kind of	ession, or particu work done, as SI R, BOOKKEEPER,	PINNER,		~~~	Premature birth, five months		
OCCUPATION	Work W	business in which as done, as SILK ILL, BANK, etc	MILL,					
00	this occ	sed last worked a upetion (month er		spe	ime (years) nt in this —— upetion			
12.	BIRTHPLACE (d	ity or town)	ort Geo Marylan		leade, Md.	Other Contributory Causes of importance:		
ER	13. NAME	Samuel	Edward	Goode				
FATHER		E (city or town)_ or country)		rton 7a.		Neme of operation Date of What test confirmed diagnosis? Was there are	4 -4	
ER	15. MAIDEN N	ame Sad	ie Lee			23. If death was due to external causes (VIOL ENCE) fill in also the following		
15. MAIDEN NAME Sadie Lee 16. BIRTHPLACE (city or town) Severn (State or country) Va.						Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT Private Samuel E. Goode, (Address) Severn, Md.					,	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.	
18. BURIAL, CRIMATION, DECEMBRAK Place Ft. George G. Meade Date Dec. 4 19 34					, 4 _{,19} 34	Manner of injury		
19. UNDERTAKER Chap. (Capt.) J.O. Ensrud (Address) Ft. George G. Meade, Md.						24. Was disease or injury in any way related to occupation of deceased? If so, specify	min (mp	
20.	FILED Dec.		4 C.F	FREEMAN	COL., M.C.	The state of the s		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		JAN 9 1655	
Other contributory causes of importance:	M1 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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County. Anne. Arundel. Village or City. Grownsville. State Hospital. No. Length of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town where death occurred. Jength of residence in city or town and State Membership of the world occurred on the data stated above, st. 91.30. Jength of residence in city or town and State Household occurred on the data stated above, st. 91.30. Jength of residence in city or town of the world occurred on the data stated above, st. 91.30. Jength of the world occurred on the data stated down, st. 91.30. Jength of the world occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength occurred on the data stated down, st. 91.30. Jength		1. PLACE OF DEA	TH						
Village of City Grownsville Stete Hospital No. (It death occurred in a hospitale institution, give in NAME instead of steest and number) (a) Residence: No. Bryans Road, Charles Coursey, Mdward. (b) Residence: No. Bryans Road, Charles Coursey, Mdward. (b) Residence: No. Bryans Road, Charles Coursey, Mdward. (b) PERSONAL AND STATISTICAL PARTICULARS (c) Residence: No. Bryans Road, Charles Coursely, Mdward. (c) Residence: No. Bryans Road, Charles Coursely, Mdward. (b) Residence: No. Bryans Road, Charles Coursely, Mdward. (c) Residence: No. Bryans Road, Charles Coursely, Mdward. (c) Residence: No. Bryans Road, Charles Coursely, Mdward. (c) Residence: No. Bryans Road, Charles Coursely, Mdward. (d) Residence: No. Bryans Road, Charles Road, No. Road, R		County Anne	Arunde	1		93-c Registration	n Dist. No.		
2. FULL NAME LEVINIS GORDON (a) Residence: No. Bryans Road, Charles Coursey, MdWard. (b) Responsible the series of the series					- (H	ND	St., Ward		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWORD OR DYORKED Comit the word) So. II marriad, widowad, or divorced (O) WIFE of UNKNOWN S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) 1864 T. AGE Yaars Months Unknown 1864 T. AGE Yaars Months Unknown 1874 S. MILL, BARK, B. DORKEFER, etc. S. SWELE, MARRIED, WIDOWORD OF J. J. J. J. S. J. D. B. C. 22, 19. 24; death is said to have occurred on the data stated above, at. 9: 20 m/s. M. M. The PERNICHAL CAUSE OF DEATH and related causes of importance Were as follows: A Onte Castributery Causes of importance: HEMIPLACE (city or town) WIST J. SAME Ed Ward Gordon Maryland S. Mark Ed Ward Gordon Maryland Maryland Maryland Maryland Maryland Mare of operation. Name of operation. Was there are an autopsy? 11. MISTMPLACE (city or town) Maryland Maryland Maryland Maryland Maryland Maryland Maryland Mare of operation. Maryland Accident, suicids, or homicide? Maryland Manner of injury Where did injury occur? Maryland Manner of injury Manner of injury Manner of injury Maryland Manner of injury		2. FULL NAME	Lavinia	Gordon					
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWORD OR DYORKED Comit the word) So. II marriad, widowad, or divorced (O) WIFE of UNKNOWN S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) 1864 T. AGE Yaars Months Unknown 1864 T. AGE Yaars Months Unknown 1874 S. MILL, BARK, B. DORKEFER, etc. S. SWELE, MARRIED, WIDOWORD OF J. J. J. J. S. J. D. B. C. 22, 19. 24; death is said to have occurred on the data stated above, at. 9: 20 m/s. M. M. The PERNICHAL CAUSE OF DEATH and related causes of importance Were as follows: A Onte Castributery Causes of importance: HEMIPLACE (city or town) WIST J. SAME Ed Ward Gordon Maryland S. Mark Ed Ward Gordon Maryland Maryland Maryland Maryland Maryland Mare of operation. Name of operation. Was there are an autopsy? 11. MISTMPLACE (city or town) Maryland Maryland Maryland Maryland Maryland Maryland Maryland Mare of operation. Maryland Accident, suicids, or homicide? Maryland Manner of injury Where did injury occur? Maryland Manner of injury Manner of injury Manner of injury Maryland Manner of injury		(a) Residence: No.	Bryans	Road, C	harles Co	ounding, Md Ward.	nt give city or town and State		
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5. ALTE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					December 22			
S. DATE OF BIRTH (month, day, and year) 1864 7. AGE Yaars Months TO UNKNOWN 1day, hrs. or. min. SAWRICE, BORKEEPER, etc. UNKNOWN SAWRILL, BANK, atc. 10. Date decessal data worked at this occupation with a country) 12. BIRTHPLACE (city or town) Maryland (Stata or country) Maryland (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of in	5a	HUSBAND of	orced	Unkno	wn	22. I HEREBY CERTII	FY. That I attended deceased from		
To Unknown Strade, profession, or particular were as follows: Strade, profession, or particular were as follows: Strade, profession, or particular were as follows: Acute Cardiac Dilitation Unknown	6.	DATE OF BIRTH (month, da	y, and year)	1864					
Acute Cardiac Dilitation Un Chown SAWYER BORKEEPER, etc. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which work was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done, as SILK MILL. S. Hodgery or business in which was done to an analysis of the place of the	7.				1 day,hrs.	to have occurred on the data stated above, at 9:30 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
12. BIRTHPLACE (city or town) Maryland (Stata or country) 13. NAME Edward Gordon 14. BIRTHPLACE (city or town) Maryland (Stata or country) 15. MAIDEN NAME Cloe? 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT HOSpital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL PIECE OF A CARDEN ARE (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL PIECE OF A CARDEN ARE (Address) Crownsville, Maryland 19. UNDERTAKER (Address) Crownsville, Maryland (Signed Cloek) City or town, country and State) Name of operation What test confirmed diagnosis? Was thar an au'opsy? 23. If dash was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Specify whether injury occur? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Crownsville, Maryland 24. Was disaase or injury in Any way related to occupation of daceased? If so, specify (Signed Cloek) M. D. (Signed Cloek) (Signed Cloek) Maryland Other Coatributery Causes of Importance: Hemiplegia Unkhown Cheneral Arteriosclerosis Unchown Cheneral Arteriosclerosis Unchown Date of Was thara an au'opsy? 23. If dash was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Data of injury Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in Any way related to occupation of daceased? If so, specify (Signed Cloek)	TION	Trade, profession, or p kind of work dona, SAWYER, BDDKKER	as SPINNER, PER, etc.	Unknown		Acute Cardiac Dilitation Unknown			
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15. MAIDEN NAME Cloe? 16. BIRTHPLACE (city or town) Maryland Accident, suicida, or homicide? Data of injury Date Date Date Date Date Date Date Date	FAT		wn) Mary	land					
Where did injury occur? 17. INFORMANT HOSPITS Records (Address) Crownsville, Mary I and 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19. UNDERTAKER Date Land State Date (Address) 19. UNDERTAKER Date State Date Date State Date Date State Date Date Date Date Date Date Date	JER	15. MAIDEN NAME C	loe ?						
17. INFORMANT TIOSPICOT THE GOTAS (Address) Crownsville, Mary Land 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury (Address) 19. UNDERTAKER Of Manner of injury (Address) 19. UNDERTAKER Of Manner of injury (Signed Manner of injury In any way related to occupation of daceased? If so, specify (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased? (Signed Manner of injury In any way related to occupation of daceased?	16. BIRTHPLACE (city or town) Maryland (State or country)					Accident, suicida, or homicide?			
Place Date 19 Nature of injury 19. UNDERTAKER DK. F. Warlenstelland Park. (Address) 24. Was disaase or injury in any way related to occupation of daceseed? If so, specify (Signed M. D. M. D.									
(Address) 20. FILED AC 2 19 E F Joyce (Signed & M.D.	11-55.6.						-		
20. FILED IC 2 19 EF Joyce (Signed till) M. D.							notion of daceased?		
						(Signed & UU)	Maryland M.D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

Length of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1210.
Village or City. Substitute of residence in city or town white death occurred with a hospital or institution, give in NAME interest and number) Length of residence in city or town white death occurred with a most. 2. FULL NAME. (a) Residence: No. 9 Substitute of White place of abody. PERSONAL AND STATISTICAL PARTICULARS SUBSTITUTE of Colors or RACE OB INVORCED WITH WITHOUT ON BUNDEND OF	1. PLACE OF DEATH	(65)
Village or City Length of residence in city or town about death occurred	County (1 - 1	Registration Dist. No.
Length of residence is city or town subside death occurred. 2. FULL NAME Of the Control of the	The state of the s	M. od. St. War
(a) Residence: No. 9 S. Action St. Ward. Personal and Statistical Particulars Medical Certificate of abods	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
PERSONAL AND STATISTICAL PARTICULARS J. SEAST 4. COLOR OR RACE OR DIVOKED Joseph Lith world OR DIVOKED Joseph Lith LIT	2. FULL NAME Edith Gray	1
PERSONAL AND STATISTICAL PARTICULARS 3. SENT ACCION OR RACE S. SINGLE, MARRIED, Wildowse, S. SINGLE, MARRIED, S. SINGLE, MARRIED, WILDOWS, S. SINGLE, MARRIED, WILL, S. SIN		
3. SECTION OF RACE S. SINCLE MARRIED, WIDDOWED, Grown of Worder Control of Co		
Sa. HI Married, vidowed, or divorced Homosome Sangle Sangl		
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Carport Micror Ind. S. Yrade, profession, or particular in a standard day in the profession of particular in the particular in the profession of particular in the particular i	Frm Col- OR DIVORCED (rurite the word)	Dec 19 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the data stated above, et	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I day have occurred on the data stated above, at m. 1 data stated	0 .0 2.004	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Strade, profession, or particular Rind of work done, as SPINNER, SWYER, BOKKEPER, etc. Strade, profession, or particular Rind of work done, as SPINNER, SWYER, BOKKEPER, etc. Strade, profession, or particular Rind of work done, as SPINNER, SWYER, BOKKEPER, etc. Strade, profession, or particular Rind of work done, as SPINNER, SWYER, BOKKEPER, etc. Strade, profession, or particular Rind of work done, as SPINNER, SWYER, BOKKEPER, etc. Strade or country or business in which the work as the strade occupation of the contributory Causes of Importance: Strade or country or particular Rind of the strade occupation of the Contributory Causes of Importance: Strade or country or particular Rind of the strade occupation of the Contributory Causes of Importance: Strade or country or particular Rind of the strade occupation of decased? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Signed) Allows of the strade occupation of decased? Specify Themson of the strade occupation of decased? It is on specify Themson occurred occupation of decased? (Address) Themson occupation of decased? (Signed) Allows occupation of decased? (Address) Themson occupation of decased? (Address) Register.		
State or country State or co	40 8 about unknow I day,hrs.	The PRINCIPAL CAUSE/OF DEATH and related causes of importance
10. Data deceased last worked at his occupation (month and year) pearly year) pearly p	8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER at S.	Epileplice II Date of one ot
10. Data deceased last worked at 11. Total time (years) spant in this occupation (month and years) spant in this occupation (State or country) 12. BIRTHPLACE (city or town)	9. Industry or business in which	
12. BIRTHPLACE (city or town) Control of		
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVE Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Addr	O 199, this occupation (month and spant in this	
13. NAME / Nomas Yray 14. BIRTHPLACE (city or town) Calver (O) Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME / Was there an au'opsy? 16. BIRTHPLACE (city or town) Calver CO Accident, suicide, or homicida? Data of injury, 19. (Stata or country) 17. INFORMANT / COCA Roberto Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVE Place DATA COCA Data 2 19 Manner of Injury Nature of injury 19. UNDERTAKER & B. Parker Manner of injury Nature Nature Nature Nature Nature	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVE Place (Address) 19. UNDERTAKER (Address)		
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME What test confirmed diagnosis? Was there an au'opsy? 23. Il death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida? Data of injury 19. Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) Was there an au'opsy? 23. Il death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of decaased? (Signed) Occurred in INDUSTRY (Address)	13. NAME /homas Gray	
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME What test confirmed diagnosis? Was there an au'opsy? 23. Il death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida? Data of injury 19. Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) Was there an au'opsy? 23. Il death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of decaased? (Signed) (Signed) (Signed) (Address)	I4. BIRTHPLACE (city or town) Calvert 1 CO	Name of operation Date of
16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Place (Address) 19. UNDERTAKER (Address) 20. FILED 22. 19. FILED (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of decaased? (Signed) (Signed) (Signed) (Address) (Address)	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Place (Address) 19. UNDERTAKER (Address) 17. INFORMANT (Address)	15. MAIDEN NAME (MVENTA Childs	23. Il death was due to external causes (VIOLENCE) fill in also tha following:
17. INFORMANT Social Colors (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL A CO Md 19. UNDERTAKER & B. Parker (Address) 47 Washington, St. (Signed) Colors (Specify city or town, county and State) 20. FILED 1222, 19 34 Manual Colors (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Accident, suicide, or homicida? Data of injury, 19
17. INFORMANT 1. Y	(State or country)	
Place Dan 12 6 a Data 2 . Set ., 19 D 4 19. UNDERTAKER & H B 1 Parker		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER & H. B. Parker 23. (Address) 47 Wachington, 51 - If so, specify J. Land 1. J. L.	19 Sept 01	Manner of Injury
20. FILED 1222, 19 34 AM Registrar. (Address) 47 Washington, S(- If so, specify Thomas Tolkin Hall 34 (Signed). acting 6 Donum (Address) I day 2 handling Market	Place Duta Data 14 19 19 19	Nature of injury
20. FILED 1227, 19 34 MINISTER (Signed) aclinia to norm (Address) I have been according to many many		24. Was disease or injury in any way related to occupation of decaased?
Registrar. (Address) Jacus Langung Me	(Address) 47 Washington UI	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUPFAH V. S			
Other contributory causes of importance:		Other contributory causes of importance:	1992
Gallstones	May 1,1923	Gastroenteritis	1 year

,i				
	pate little and	1		

Date of onset

		nonicataent a	tive ele	y of town	
			The Parket of th		-
MEDICAL	CERT	IFICATE	OF	DEAT	H

(Month) I HEREBY CERTIFY. That I attended deceased from

Registration Dist. No.

to have occurred on the date stated above, at....

The PRINCIPAL CAUSE OF DEATH and related causes of importance

----- Was there an autopsy?

23. If death wes due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury_______19.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any wey related to occupation of deceased

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore Require TUSONA

ARGIN

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Z	V. S. No. 1	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING
N. B	E-WRITE PLAINLY, WIT	UNFADIN	IG INK-THIS	N. BWRITE PLAINLY, WI. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	mation should be carefully	y supplied.	AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
(CAUSE OF DEATH in ple	ain terms, so	that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
T	TION is very important. See instructions on back of certificate.	See instruction	ons on back of	certificate.

V. S. No. 1

STATE OF MARYLAND- 1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hospi	Registration Dist. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred vrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos
2. FULL NAME Mabel Mamilton	J13
(a) Residence: No. Owens Station, Calver (Usualplace of abode)	t CSUNTY Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH December 3 (Month) (Day) (Veat)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Percy J. Hamilton	22. I HEREBY CERTIFY. That I attanded decaysed from
6. DATE OF BIRTH (month, day, and year) 1897	I last saw h.E.P. alive on De.C. 3, 19.34; death is said
7. AGE Yaars Months Days If LESS than 1 day,hr	The state of the data stated good, at
8. Trade, profassion, or particular kind of work dona, as SPINNER chool Teacher SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, UNKNOWN 10. Date decaasad last workad at this occupation (month and year) 11. Total tima (years) spent in this John Cocupation (month and year)	Uremia 1 week
12. BIRTHPLACE (city or town) Maryland (Stata or country)	Other Contributory Cases of importance: Chronic Nephritis Unknown Acidosis Unknown
13. NAME Thomas Watkins	0.41.0411
14. BIRTHPLACE (city or town) IST/land (Stata or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary V. Randell	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MST/land (Stata or country)	Accident, suicide, or homicida?
17. INFORMANT Hospital Records (Addrass) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Cooffens Coul Data 12, 5, 193.	Manner of injury
19. UNDERTAKER & IT B. Parkers St. (Addrass) & T. Washington St. (20. FILED. 12. 4., 1934) AMUSER Registrar.	24. Was disease or injury in any way related to occupation of decaded? If so specify (Signed) (Addrass) Crownsville Mergland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Car & Ny	987		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

m

Hospital wnsville.

(Address Crowns vi 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKE

(Address)

1, P	LACE OF DI		MAR	YLAND-	CERTIFICATE OF DEATH	2168
County Anne Arundel					Registration Dist. No.	\cdot
		rownsville		(16	LNoSt.,death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsn	Ward number)
2. F	TULL NAME	Mabel Ham	nond			
	(a) Residence: No	Elkton, Co	Cil C (Usual place	ounty, Ma	arstand Ward. If nonresident give eity or town an	d State
	PERSONAL	AND STATISTIC	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		Black	SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWEO, D (write the word)	21. DATE OF DEATH December 15 (Month) (Day)	, 193 <u>4</u> (Year)
HL (o	JSBAND of r) WIFE of		0.6		June 15, 1921 to Dec. 15,	, 1934
7. AGE		Months Unknown r perticular ne, as SPINNER, KEEPER, etc. Un	Oays	if LESS than 1 day,hrs. ormin.	I last saw her elive on Dec. 15, 19 3 to have occurred on the date stated above, at 11:25mA. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cellulitis (cervical) 10	1 Oats of seast
CUP	Industry or busines work was done, SAW MILL, BAN Oate deceased last this occupation (year)	es SILK MILL, Un. K, etc. Un.		ime (years) nt in this Unknow	m	
	THPLACE (city or too (State or country)	Marylan	i		Other Contributory Causes of Importance: Vincents Angins 14 Chronic Nephritis Un	days.
œ 13.	NAME (Jnkno wn			NIT OUT O WE BUILT STR	nnown
13. 14.	BIRTHPLACE (city o (State or country	r town) Unknow	n		Name of operation Oate of Whet test confirmed diagnosis? Was there an	autoney?
15. 16.	MAIOEN NAME	Unknown			23. If death was due to external causes (VIOLENCE) fill in elso the following	
16.	BIRTHPLACE (city o (State or countr		known		Accident, suicide, or homicide?	

Manner of inju Neture of Injury

(Specify city or town, county and State)
INDUSTRY, In HOME, or in PUBLIC PLACE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, WIT V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Anna Arundil	Registration Dist, No. 23
Village or City Pataprico Pantu (II	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Stilf / DURA	(Stantiers) Fremilier
(a) Residence: No. 1966 975 16 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (price the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased fro
DATE OF BIRTH (month, day, and year) 24 Die 1434	I last saw h alive on des 4de, 1934; death is sa
. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation monthliand.	Premature of the
SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and yaar) 2. BIRTHPLACE (city or town) Pallagrae for country). How for the first for country) And for the first for country).	Other Coutributory Causes of importance:
13. NAME Junes & Hankins	
13. NAME Janes Janes Janes Lander Co	Name of operation
(State of County)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME MARILINE SUPPLIANCE (city or town). 16. BIRTHPLACE (city or town). (State or country) 7. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Primaria Data 25 Dec, 1930	Manner of injury Nature of Injury
19. UNDERTAKER JULIS & Banking (Address) Palapus Park Providing 12. 20. FILED 2 4 due, 1934 learbrill roodrugger Registrat	24. Was disease or injury In any way ralated to occupetion of decessed? If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
MARGIN	

	5	STATE C	OF MARYLA	ND-	CERTIFICATE OF DEATH
1.	PLACE OF DEA	TH			(M.E)
	County 5	7.	41		Registration Dist. No. 2021
	Village or City W	ene de	andel Mo	DIR.	NoSt.,
	Length of residence in	aitu ar taun whara	dooth occurred / was	10	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? mos. mos.
		try of town where	death occurredyrs		do. How long in 0.0.11 of longin billing.
2.	FULL NAME	ann	el / ms	on	A. S.
	(a) Residence: No.	unc	(Usual place of abode)		Ward. If nonresident give city or town and State
	PERSONAL AI	ND STATIST	ICAL PARTICULA	Con .	MEDICAL CERTIFICATE OF DEATH
3. S		OR OR RACE	5. SINGLE, MARRIED, WI OR DIVORCED (write t	DOWED.	21. DATE OF DEATH ALE 287
E.	601	-01	Marrie	1	(Month) (Day) (Ye
Ja.	If married, widowed, or div HUSBAND of (or) WIFE of	vorced	/		1 HEREBY CERTIFY. That I attended docesses
6 D	ATE OF BIRTH (month, d	ou and upar)	/		Hast saw heir alive on Dec 27th 1984 death
7. A		Months	Days If L	ESS than	to have occurred on the date stated above, at OTA.m.
	68				The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8. Trade, profession, or kind of work done	particular	·h		putes mal
10	SAWYER, BOOKKE	EPER, etc	1 wo		1/21/ppe
CCUPATION	9. Industry or business work was done, as	SILK MILL.	-		
000	SAW MILL, BANK, 10. Date deceased last we this occupation (myear)	orked at onth and	11, Total time (year spant in this occupation	(2)	
12.	BIRTHPLACE (city or town		21d.		Other Contributory Causes of importance:
1	(State or country)	10/1	// ')		
FATHER	13. NAME	input	ny		
AT	14. BIRTHPLACE (city or		know		Name of operation Date of
	(State or country)	Mer	prour.		What test confirmed diagnosis? Was there an autopsyl
핖	15. MAIDEN NAME	Week	mour.		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or (State or country)		from.		Accident, suicide, or homicide?, 19
	State of country	May	mon of		Where did injury occur? (Specify city or town, county and State)
17.	(Address)	ndly	wigy	1.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR	REMDVAL ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Manner of injury
	Place Burn	Hill	Date Noc. 30	1934	Nature of injury
	Pa	0.5	2/ 6		24. Wes disease or injury in any way/related to occupation of deceased?
19.	UNDERTAKER (Address)	una	non ma	1.	If so, specify And Thomas Agus
20.	FILED 1231	1934	Munk	Resistrar.	(Signed) (Address) are some site
-		If mor			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I	1	Example II		
The principal cause of deat of importance were as follow	Ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIV	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage'		July 5,1927	Peritonitis	3 days ago	
	8110-110				
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST.	FATEMENTS BY PHYSICIAL	V
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	2111
	1. PLACE OF DEATH	46)	
ould stat	County C - C	Registration Dist. No. 2	
item of should of OCC	Village or City anical olis Ma	ND. St	War
20 2		f death occurred in a hospital or institution, give its NAME instead of street and no second of the	
RD. Every YSICIANS	2. FULL NAME Sarah Hollon	in the state of th	SO
2.3	(a) Residence: Np. 7 6 Chay	SO A MONT SEMILA STARCHAGO	
_ = = = = = = = = = = = = = = = = = = =	(Usual place of abode)	St., Ward. If nonresident give city or town and S	LJ /a State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Smyle	21. DATE OF DEATH (Month) (Dey)	193 3 4
BINDING FERMANEN EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended d	deceased from
BINJ ERM EX z y cla	6. DATE OF BIRTH (month, day, and year) alore 1855	Hest saw here alive on the 314 1934	: death is sai
O	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 349 Pm.	
FOR IS A I stated properle ertifica	79. maknown unknown 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onse
- 10	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	-7	
TH d b d b b k o	SAWYER, BDDKKEEPER, etc.	Carcinia Thronh	Inter
K-T nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
RESERVED G INK—THIS GE should be that it may be ons on back of	spent in this		
REG I AGE that that ons o	year) occupation occupation	Other Contributory Causes of importance:	
NEGIN RI NFADING pplied. AGI erms, so tha	12. BIRTHPLACE (city or town) - 12 Starf 1 Eld (State or country)		
MARGIN UNFADI supplied. n terms, so ee instruct		authorite ans	Inter
the the	13. NAME Alexander Hollon 14. BIRTHPLACE (city or town). WEST River	Name of secondary	
IT TO IT	(State or country) $\alpha - \alpha - co$ md	Name of operation Date of Whet test confirmed diagnosis? Was there an au	Hanaus In
WI efull in plant.	15. MAIDEN NAME Sophia John 8	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
	15. MAIDEN NAME Softia Johns 16. BIRTHPLACE (city or town) WEST River (State or country)	Accident, suicide, or homicide? Date of injury	
AINLY, d be can DEATH	(State or country) $Q - Q - C \sigma$ Mod	Where did injury occur? (Specify city or town, county and State)	
LAI Ild DE DE	17. INFORMANT John Shomas Hollon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
E-PLA should OF D	(Address) Walerbury aaco mad 18. BURIAL, CREMATION, OR REMOVAL		
	Place frowlers Cent Date 3, 1936	Manner of injury	
-WRITH mation S CAUSE TION is	19. UNDERTAKER & H. B. Parker -		m
TOB T	(Addiess) 47 Washington 91221	If so, specify	
S. No.	20. FILED 1 7 19 35 - 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) Compt Company	
> 2 ()	Registrar.	(Address) Junipoli hel	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Dollafil	2

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH OCC Jo plnods Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs._____mos._____ds. ds. statement (Usual place of If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wite the word) (Month) classified. 5a. tf married, widowad, or divorcad HUSBAND of Yao That Lattended deceased from (or) WIFE of × March 囶 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc back 9. Industry or business in which ınay plnods work was done, as SILK Mill, SAW MILL, BANK, etc uo 10. Date deceased lest worked at 11. Totel time (years) this occupation (month and spent in this that occupation .. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 14. BIRTHPLACE (city or town) Name of operation... plain (State or country) be carefully What test confirmed diagnosis? Cure Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (NOLENCE) filt in also the following: ij. Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation CAUSI _ Date TION Nature of injury 24. Was disease or injury in any releted to occupation of deceased? 19. UNDERTAKER If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDIN

RESERVED

ARGIN

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A STATE OF THE STA			
Other contributory causes of importance:	714/4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE	OF	MAR	YLAND-	-CERT	ΓΙΕΙCΑ	TE	OF	DFA	ТН
OF DEATH	•				(0	14.0			• • •

1. PLACE OF DEATH	94.0
County Aune Annall	Registration Dist. No.
Village or City Kolhian	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME It luxy Johnson	
(a) Residence: No.	St., Ward.
V (Osual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Col Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mas-	22. 1 HEREBY CERTIFY. That I attended deceased from
(h-11)~~~	Ded that havis a, to Doctor, 19
6. DATE OF BIRTH (month, day, and year) (Set. 6, 1883	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10:32 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. San Audul	augusa Veelores
SAWYER, BOOKKEEPER, etc.	Chrosen Myselvelia
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. It. Total time (yeers) specified by several in this cocumition (month end	
10. Date deceased lest worked at II. Total time (yeers)	·
this occupation (month end 2/1835) spent in this poccupation	
	Other Contributory Causes of Importance:
(State or country)	
13. NAME I former formeron	
13. NAME The Tolerand Tolerand 14. BIRTHPLACE (city or town) and an	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarafu Leneral	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarafe General 16. BIRTHPLACE (city or town) Q Q CO	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mary Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL CREMOTION OF REMOVAL	Manner of injury
Place Day Day Day Day Day 19/4	Nature of injury
19. UNDERTAKER LAS E VERMEN	24. Wes disease or injury in any way related to occupation of deceesed?
(Address)	If so, specify A A
12/22 34 HA Wanter	(Signed) hours h sugar to hylice Int
20. FILED 19 POLO Progressionar.	(Address) Galerrele Me action of
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CHUPATE V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DFA	TH
SIAIL		MARIL	AND	CLIVIII			DLA	-

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County anne assendel	Registration Dist. No.
Village or City Druny md	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Lyaut) Johnso (a) Residence: No. Orney M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE . 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Que 28 ,193 4/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaesed from
6. DATE OF BIRTH (month, day, and year) LC 2 8 1984	I last saw h allve on Mill horn 19 death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, at
9 Trade profession or postigular	Oate of enset
Nature profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc In this occupation (month and second last worked at this occupation (month and second last worked at this occupation (month and second last worked at second last worked last worked at second last worked last worked last worked at second last worked last wo	Allburn
O 10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Duny Quelle (State or country) Manual Comment	Other Contributory Causes of importence:
13. NAME Deufamin & Meke 14. BIRTHPLACE (city of town) So this . Me	
(State of Country)	Name of oparetion Oate of Oate
15. MAIDEN NAME Hemiella Johnson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Jenuella Johnson 16. BIRTHPLACE (city or town) Dunly (State or country)	Accident, suicide, or homicide?
17. INFORMANT Herrice Johnson (Address) Drings mid	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVA COLUMBIA 12/28 1934	Manner of injury
19. UNDERTAKER JOHNSON JOHNSON JOHNSON	24. Wes disease or injury In any wey ralated to occupation of deceased?
20. FILED 12/28, 1934 With Clay too Neg brad Registrar.	(Signed) My Agracy M. D. (Address) Menuly Larger

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		phoen A S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Clama Clumdel	Registration Dist. No. 21
Village or City amabolis	No. St., Ward
Length of residence in city or lown where death occurred / O.yul. mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Kolan Pultur	How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 14 Gatherlas St./	St., Ward. WITHIN CENPORATE UNITE
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SET S. STORE S. STORE, MARRIED WIDOWED OF PHORCED write the worth	21. DATE OF DEATH 26 193 4
5a. If married, widowed of divorced	(Mon (Day) (Year)
HUSBAND of Martha a. Louis.	22. I HEREDY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Salu 12 - 1840	i last saw h 1 alive on Lec 26, 193 K; death Is said
6. DATE OF BIRTH (month, day, and year) 2 7 8 4 0 7. AGE Years Months Days If LESS than	2 70
011 3 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Z R Trade profession, or particular	were es follows:
kind of work done, es SPINNER, Coarpenter .	Ch. Myreways auto
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Date deceased last would et this occupation (mark) and	
10. Date deceased last world et this occupation (ment) and 1917 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Ballimore to met.	ation Sales on hat
13. NAME Thomas P. Jones.	would be care
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? 200
15. MAIDEN NA FURANCIA / TELLEN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTED Thomas bastell!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL 7	Menner of injury
Piece Woodlaww, Date Dec 28, 1934	Nature of injury
19. UNDERTAKER Man boot for the	24. Was disease or injury in any way related to occupation of deceased? 200
12 27 all Callines The	If so, specify
PO. FILED/C 4, 1974 THINKY	(Address) anafolis On M. D.
Megistrar.	(4001022)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIDEAT V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	11		

ADDITIONAL	SPACE FUI	LEURIHER	SIMIEMENIS	DI THISICIAN	

TAXOVERS OF DOLERANDE OF CHIMMETER CO. TO LOCAL TO A CO.

\ + it - 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta sta UP	1. PLACE OF DEATH	
ould occ	County Unity Usunda	Registration Dist. No. 2-3
sho of (Village or City Deverum Mid	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ry i		ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME OTAGALENO KOCK	
D. SIC	(a) Residence: No.	wed Ward.
OR SHY	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC Pl Sxact	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	Male white OR Driorced (wife the word)	Lec. 30 193 Y
TT.	5a. If married, widowed, or-divorced	More was dead on my arrend
A C assi	HUSBAND of annie (ook .	22. I HEREBY CERTIFY, That I Mended decessed from
ERN EX cl	6. DATE OF BIRTH (month, day, and yeer) July 6-1848	I lest saw h is elive on 19 19 19 19 19 19 19 19 19 19 19 19 19
d]	7. AGE Years Months ays If LESS than	to have occurred on the date stated ebovo, at
IS A I stated proper! ertifica	80 5 24 Iday or min.	The PRINGIPAL CAUSE OF DEATH and related causes of Importance were as follows:
IS I e s e p	8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Desulty incidents Date of onset
d b y b k	9 Industry or husiness in which	to old age,
Mana back	SAW MILL, BANK, etc.	
E sl		
NG AGJ tha ions	year) occupation occupation	Other Contributory Causes of importance;
I. so ucti	12. BIRTHPLACE (city or town) (State or country)	Chrone Rephrales proches
NFA plied rms, nstru		arterioschion, 19 con
te te	13. NAME 14. BIRTHPLACE (city or town) NAME 15. CState or country	Neme of operation
ly sullain	(State of country)	What test confirmed diagnosis? Was there an aulopsy?
WI eful	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
car CH orts	16, BIRTHPLACE (city or town)	Accident, suicide, or hamicide? Date of injury, 19
INI be EA7	(State or country)	Where did injury occur? (Specificaty or town, county and State)
PLA hould JF DJ	17. INFORMANT SHOWS A STANDARD CONTROL (Address)	Specify whether injury occurred in LUDOS SY, in HOME, or in PUBLIC PLACE.
Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of jury
	Place Home Dure Date Jan 2 , 1934	Nature of Injury
-WRIT mation CAUS TION	19. UNDERTAKER John & Denny	24. Was disease or injury in any way related to occupation of deceesed?
B. I	(Address) 7 16 Light St	If so, specify
ZA	20. FILED 731, 1934 ANDOCALVA	(Signed) M. D.
0	If more blanks are needed, address State Registrar,	2411 N. Charleshtreet Baltimore Production 1991
	,	The state of the s

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BLIDEAU &			
Other contributory causes of importance:	-10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W. S. No. 1.

HYS	Exa	1
* BEvery item of Information should be carefully supplied ACE should be stated EXACTLY, PHYS	CIANS should state OAUSE OF CEATH in plain terms so that it may be properly classified. Exa	statement of OCCUPATION is very important. See instructions on back of certificate.
should b	it may be	on back
ACE	that	tions
supplied	n terms so	See instruc
e carefully	TH in plair	mportant.
d bluode n	E OF CEA	N is very
formation	tate OAUS	CUPATIO
item of Ir	S should s	nent of OC
Every	CIAN	state
N. B.	1)

County PLACE OF DEATH County Strundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City (No Enuma fan	e Macce Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year)
Dec. 13, 1850	that I last saw h ex alive on Sec. 30, 1923
(Month) (Day) (Year) 7 AGE St. O lf LESS than l dayhrs. O ds. or min. ?	and that death occurred on the date stated above, at 1990, m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	Deresial remarkage.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Fugustus C. Trutz 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Congeline Oferton 18 BIRTHPLACE OF MOTHER (State or country) Perm.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence. 19 FIXEN OF BURIAL OR REMOVAL DANK OF BURIAL
Filed an 2 1935 N. I. Jones Depy local governor	Lemerick Ja. Jan 31132.
16 more blanks are needed, address State Registrar.	16 W. Spatoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. a iditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemedd, etc. If the occupation has been changed Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deallity" ("Congenital," "Senile," etc.) conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicacmia,""PUERPERAL peritonitis," Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; For VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart discase; (Recommendations on state-Example: Measles (disease terminal (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY, WIT

V. S. No. 1 N. B.

	STATE	OF	MARYLAND	-CERTIFIC	CATE	OF	DEATH
1. PLACE OF	DEATH				- and		

1. PLACE OF DEATH County	Registration Dist. No. 2.0
Village or City Bus sille	No. St Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ! Elle marie Ma	. " ^ -
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 6 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (winde the word)	21. DATE OF DEATH Vic. 13 70 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Seleh 28 1 34	Last saw harmalive on Aug. 12 193 4 death is call
6. DATE OF BIRTH (month, day, and yaar) Left 20 7, 34 7. AGE Years Months Days I If LESS than	to have occurred on the data statad above, at 6 20 m.
2 26 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:
8 Trada profession or particular	Date Bronch, to Date of ones
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date dacasad last worked at this occupation (month and	Log on
10. Date dacaasad last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) B, in 2, l((Stata or country))	Other Contributory Causes of importance:
13. NAME WM Mackell 14. BIRTHPLACE (city or town) I dward hape (Stata or country) 12. NAME WM Mackell (Stata or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) & dwarf Chapel	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Win on ackelly	Where did injury occur? (Specify city or town, county and State) Spacify whathar injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CLaano Make My Date Le 12 11 19 3 9	Mannar of Injury
19. UNDERTAKER YAZ TOAC	24. Was disease or injury in any way ralated to occupation of dacaasad?
(Addiess) Down Journey	(Signad) Morkin Layer 1 MI
20. FILED WILL 1 1927 Classel Registrar.	(Signad) (Addrass) Davidson Elle her

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEIGHT ALL AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH should County Registration Dist. N Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred Every statement How long in U.S. If of foreign birth? _____ vrs. 2. FULL NAME RECORD. (Usual place of ahode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) CTL BINDING (Month) (Day) assified (Year) 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of That I attended deceased from V 73 [7] 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Days FOR If LESS than I day,hrs. The PRINCIPAL CAUSE OF **DEATH** and ralated causes of Importance or min. Date of onset 8. Trada, profassion, or particular ARGIN RESERVED OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. jo back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at no 11. Total tima (years) this occupation (month and spent in this that instructions occupation ____ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (Stata or country) be carefully pla What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME ii. 23. If daath was due to axternal causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicida, or homicida? Data of Injury. (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE should 17. INFORMANT (Address) OF 18. BURIAL CREMATION WRITE Manner of injury CAUSE mation LION Nature of injury. 24. Was disaase or injury in any way ralated to occupation of decaased? 19. UNOERTAKER (Addrass) If so, specify (Signad) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE PARTY OF THE P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH
County Anne Arundel		Registration Dist. No. 21
Village or City Annapolis		No. Carvel Hall Hotel St., Ward
Langth of rasidence in city or town whera death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME VILTON 1 COARTHY	/yrs	yisyisyisys.
(a) Residence: No. Carvel Hall Ho (Usual place	tel c of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH
male white marrie		(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Fay L. McCarty (or) WIFE of		22. THEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 18.	1872	I last saw h aliva on
7. AGE Yaars Months Days	If LESS than	to have occurred on the data stated above, atm.
62 5 26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Trada, profession, or particular kind of work dona as SPINNER		Data of onest
kind of work dona, as SPINNER, retired	surreon	wywa o our my
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		0 17
10. Date deceased last worked at this occupation (month and	tima (years) ent in this cupation	
12. BIRTHPLACE (city or town) CS		Other Contributory Causes of importance: William Scholing In
# 13. NAME Cornelius G. McCarti	1.A	
13. NAME Cornelius G. McCarti 14. BIRTHPLACE (city or town) Brockville, (State or country) Ontario, Carac	la	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura Barnes		23. If daath was due to axtarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Laura Barnes 16. BIRTHPLACE (city or town) LeClair,		Accidant, suicida, or homicide? Date of Injury, 19
(State or country) IOWR		Where did injury occur?
17. INFORMANT 1r. Al ert McCarthy (Address) Annapolis, Laryland	T.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	36 674	Mannar of injury
Place Designate Dec	19.04	Nature of Injury
19. UNDERTAKER John N. Paylor.		24. Was disease or injury in any way related to occupation of deceasad?
(Addrass) Amanolis, Larvla	au.	If so, specify
20. FILED / 2/5, 1934 XML	net	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UREAU V. S.

		ery item of infor-	NS should state	ent of OCCUPA-	1
•		NT RECORD. EV	LY. PHYSICIA	L. Exact statem	
,	FOR BINDING	IS A PERMANE	tated EXACT	roperly classified	ertificate.
	MARGIN RESERVED FOR BINDING	ING INK-THIS I	AGE should be s	that it may be p	tions on back of ce
	MARGIN	WI'L UNFAD	refully supplied.	in plain terms, so	tant. See instruct
(N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	V.S. No. 1	N. B.—	m	0	T

				F MAR	YLAND-	CERTIFICATE OF DEATH	144	
1		CE OF DEAT				(107-01)	, 15	
	Coun	ity Anie	Aruncel			Registration Dist. No.		
	Villag	ge or CityA	nnapolis	, It ryland		No. USN Mosp., Annapolis, Md. St.,	Ward	
	Lengt	h of residence in ci	ty or town where o	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?		
2	. FUL	L NAME	MILLEY,	rtie Lev		0.	:	
		Residence: No.	Silopa	nna Pd.,	part A	St. Ward.		
	(-, .		***************************************	(Usual place	of abode)	If nonresident give city or town and	l State	
_				CAL PARTI		MEDICAL CERTIFICATE OF DEATH		
3,	SEX		R OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	1	
_	Mule		te-US	Sincl	9	(Month) (Day)	, 193 /4 · (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from 17 December 1934 to 20 December 1934		
	DATE OF	manufacture of the same	95	April.	1888.	19. 10. 20 Dog 702/	, 1922	
-	AGE	BIRTH (month, day Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12:22 m.P. M.	; death is seid	
		16	ry	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence		
7	8. Trad	e, profession, or pa	rticular	1. 6.2	OIMIN.	were es follows:	Data of onset	
101	S	and of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc	-pf-Patter	-Afficer	Pnoumonia, broncho		
PA.	9. Indu	stry or business in work was done, as S	which SILK MILL, U.S	S. Navy,	Retired.			
OCCUPATION		AW MILL, BANK, e deceased lest wor					-	
0	The I	his occupation (morear)	nth end	spen	tin this 20		-	
			Staffor	ed Co., K	ansas	Other Coutributory Causes of importance:		
12.		ACE (city or town). or country)				Delirium, alcoholic	-	
ER	13. NAM	E (Unkin	J. Serve		2		
FATHER	14 RIPT	HPLACE (city or to	,			Neme of operation none Date of	-	
F		State or country)	Ulsofo	word	U	Name of operation Date of What test confirmed diagnosis? Clinical Was there an	NTO	
ER	15. MA1E	DEN NAME	Unife	Sacr Non		23. If death was due to external causes (VIOLENCE) fill In also the following		
MOTHER	16. BIRT	HPLACE (city or to				Accident, suicide, or homicide? Date of injury		
Σ		State or country)	Unge	25000		Where did injury occur?		
17.	17. INFORMANT MOVAL Horpsital (Address) annabality mos				20	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18.	BURIAL, (REMATION, OR R	EMOVAL	10	22 234	Manner of injury		
	Place	Wayae c	mekry	Date Lac	77	Nature of injury		
19.	UNDERTA (Add)	A	7 240	plans	9	24. Was disease or injury in any way related to occupation of deceased?	no	
20.	FILED_	222,	34)	Min	Registrar.	(Signed) N.R. GASSER.Lt.Comdr (MC) (Address) USN Hospital, Annapolis	USN M. D.	
			If more	blanks are needed, a	V	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSHINE SE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND-CERTIFIC	ATE	OF	DEATE
JIAIL	OI	MINITIANIO	AIL	UL	DEAT

10191

	0	INIL	עורעונו ול	ILAND	CERTIFICATE OF DEATH
1. PLACE (OF DEAT	ГН			(83)
County	Anne	Arunde	1 •	7	Registration Dist. No. 21
Village or	City Cro	wnsvil	le State	Hospita	No. St Word
		y or town where		(I	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 14 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NA	AME V	Villiam	D. Mon		
					y, SMd. Ward. If nonresident give city or town and State
			(Usual place	of abode)	
3. SEX	-		ICAL PART		MEDICAL CERTIFICATE OF DEATH
Male	Bl	or race	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH December 17 (Month)' (Day) (Year)
5a. If married, wido HUSBAND of	wed, or divor	ced			
(or) WIFE of	Un	known			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH	(month day	and wear)	1871		July 3, 19 34, to Dec. 17, 19 34 last saw h im alive on Dec. 17, 19 34; death is said
	ears	Months	Days	If LESS than	to have occurred on the date stated above, at 6 25 A. M.
	63	Unkno	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trada, prof	ession, or par			ormin.	were as follows: General Paralysis of Insane Unknown
8. Trada, profession of SAWYEI	work dona, a R, BDDKKEEP	ER, etc	Unknown	1	- Insene unknown
kind of SAWYEI SAWYEI SAW MI	business in as done, as SI ILL, BANK, at	which LK MILL,	Unknown		
O ID. Data decea	sad last work	ed at		ime (yaars)	
this occu	u Datte A Cmos	uwh	spa occi	nt in thinknow:	
12. BIRTHPLACE (c	city or town)_	Ma	ryland		Other Contributory Causes of Importance: Syphilis III known
(Stata or cou	untry)				Sypnilis Unknown
13. NAME	Will	iam Ham	pton Mo	nks	
14. BIRTHPLAC	E (city or tow	m) Maryl	and		Name of operation
(Stata o	r country)				What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NA			inggold		23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLAC	E (city or tow	m) Maryl	snd.		Accidant, suicide, or homicide?
	r country)				Where did injury occur?
17. INFORMANT (Address)	Hospi Crows	tal Recaville.	ords Maryla	nd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMA		MOVAL Carely	h		Manner of injury
Placa WW	w177 E	- Carrett	Date Rec	19.77	Nature of injury
19. UNDERTAKER	Sem			3	24. Was disease or leiucy in any way related to occupation of deceased?
(Address)	17	31 C	defen	nex	If so, specify (Signers & Mary
20. FILED X	/, 19		6	Registrar.	(Address) Crownsville, Maryland
			. 0	1	7-60-114

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN-7 -bus			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF M	ARYLAND—	CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	N.
County Q Q , A , A ,	(93-60) Registration Dist. No.
Village or City Jones Sales	No St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Scutt Note	
(a) Residence: No. (Usual place of abode)	St., Ward. · If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 21 , 193 4
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF agrees nolace	22. PIHEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end year) Lucy 1857	I lest saw h alive on, 19; daath is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 7 4 1 day,hrs	mare as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	acute Viletatian of Mary Data of Onest
9: Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	Primary cause: acrite myocarditias
SAW MILL, BANK, etc.	Duration: not stated
kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc. 9-industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesed last worked at this occupation (month end yaar) 11. Total tima (yaars) spent in this occupation	Diagnosis made from history
	Other Contributory Canses of importance:
BIRTHPLACE (city or town) (State or country)	
12 NAME 9	
Company	
14. BIRTHPLACE (city or town)	Name of operation Date of
1 / Kill Alsonia	Whet test confirmed diegnosis? Was there an autopsy? N
15. MAIDEN NAME Myknow	23. If daath was due to axtarnel causas (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Inflamentary	Accident, suicide, or homicide? Date of injury, [9
(State or country) The Busines,	Where did injury occur? (Specify city or town, county and State)
INFORMANT Destha Steward	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
. (Address) 6/4 & Treemount Cref. Pallo. BURIAL, CREMATION, OR REMOVAL	· · · · · · · · · · · · · · · · · · ·
Place Comes Station Dete 12/24 1934	Manner of injury
100 1	Nature of injury
UNDERTAKER Chare Neeks &;	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Cennagally, mg	is so, nother Will A grann Acting long
FILED 22, 1934 Registrar.	(Signad) M. D. (Address) Character M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 34
1. PLACE OF DEATH	
County Chulle (Irundel)	Registration Dist. No.
Village or City John Go	Ala
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs. 121_mo:	sds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME a) lesses Cartel	2
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male Col. OR DIVORCED (write the word)	21. DATE OF DEATH Let 116 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) See 11. 1933	19.34 to All 19.34
7. AGE Years Months Days If LESS than	I last saw h Lesses alive on Sel 18, 19,3 4; death is said
1 day,hrs.	to have occurred on the date stated ebove, at 1.30 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
No lind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occuration (month and	Villalloute L'Brown Sual
9. Industry or business in which	Selowal ary 2 lays
work was done, as SILK MILL, SAW MILL, BANK, atc	9 4:11
and decapation (months and	La Tempofer 1 who les
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) To Zhaland	Other Costiluatory Causes of Importance:
(State or country)	
13. NAME albert Carher	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) (C A	What test confirmad diagnosis? Was there an eutopsy? Mc
15. MAIDEN NAME CLYLLE Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or fown)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Albert Parker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lollian	
18. BURIAL, CREMATION, OR REMOVAL Place Chauce Chapel Data 12/19 134	Manner of injury
Place Colamy Chapel Data 7,19	Nature of injury
19. UNDERTAKER J. G. Wardesty (Address) Lalerrille pred	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 17/19, 1934 NA Clayton	(Signed) M. D. (Address) The Arms Arms Arms Arms Arms Arms Arms Arms
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
, , , , , , , , , , , , , , , , , , , ,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		JAN 5 1.3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

item of infor-PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions mation should be carefully supplied. TION is very important ż

V. S. No. 1

1. PLACE OF DEATH		(92-20)	
County Q. a. Co		Registration Dist. No. 2-3-	_
Village or City	(1	No. St., f death occurred in a hospital or institution, give its NAME instead of street and no control of the	War
2. FULL NAME Mary I	Parker	yisyisyisyisyisyisyis	S
(a) Residence: No. 2 od Que v U	Valle Lane (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	S
Female Mite &	NGLE, MARRIED, WIDOWED, R DOORCED (write the word)	21. DATE OF DEATH /2 /6 (Month) (Day)	193.24 (Yeer)
5a. If married, widowed, or divorced "HUSBAND of (or) WIFE of	_/	22. I HEREBY CERTIFY, That I attended d	eceased fro
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 15 LESS than 1 day,	to have occurred on the date stated above, et 3.30 p.m.	.,
8. Trade, profession, or particular kind of work done, as SPINNER JOHNS SAWYER, BOOKKEEPER, etc.	26 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onse
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	au by let -	Chroni, Valrulae Densare	1930
10. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltans (State or country)	nae In d	Other Contributory Causes of importance:	71-
13. NAME Lown Hichs 14. BIRTHPLACE (city or town)		and one month	Zua
(State of country)	1	Name of operation Date of What test confirmed diagnosis? Symptom Was there en au	topsy?_2
15. MAIDEN NAME Mary 1 He 16. BIRTHPLACE (city or town) (State or country)	arring tow	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMARY 20 John Ran (Address) 75 3 me Kabe	ave (Forms)	Where did injury occur? (Specify city or town, county and State. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OE.
18. BURIAL, CREMATION, OR REMOVAL Place Int Olivet Dat	Dec. 18, 1934	Menner of injury	
19. UNDERTAKER John F. D. (Address) / 715 Light S	enny	24. Was disease or injury in eny way related to occupation of deceased?	no,
20. FILED 2/17 , 19 3 4 AY	Dealla Registrar.	(Signed) Lames S. Bellingslee (Address) Elen Berrowe, 3nd	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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LAINLY, WIT UNFADING INK—THIS IS A PERMANENT
F A

		S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1212.			
	1. PLACE OF					93-0	,			
	County	Ann	e Arund	el		Registration Dist. Np.	7			
	Village or City Crownsville State Hospit					81 No. 9t	Ward			
					(1	f death occurred in a horpital or institution, give its NAME instead of street and most. 4 ds. How long in U.S. if of foreign birth?	. 1			
-	2. FULL NAN		Malachi							
	(a) Residence		Cecil C			St. Ward.				
and the last				(Usual place		If nonresident give city or town and	State			
_	PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
	sex Male		e or race	5. SINGLE, MAR OR DIVORCE Sing]	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 20.	193 4			
_	. If married, widowe HUSBAND of			Dingi	.6	(Month) (Day)	(Yaar)			
	(or) WIFE of		377			22. I HEREBY CERTIFY, That I attended of May 6. 19.31 to Dec. 20.	lecaased from			
	6. DATE OF BIRTH (month, day, and year) 1871					7 00	, 19			
	AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, at 10:25 m.P. M.	; death is said			
	63		Unkno		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
-	8. Trade, profess	sion, or pa	rticular	KATT	ormin.	were as follows: Cerebral Hemorrhage	Date of onset			
0	kind of wo	ork done, a BDOKKEEF	S SPINNER, L	aborer		ANY CAT OF TERMOST HERE	day			
OCCUPATION	Industry or be	usiness In dona, as Si	which	10 1 - 10 0 10						
2	SAW MILL	, BANK, e		nknown						
ŏ	1D. Date decaased this occupa	Was (mor	b wh	spa	ima (yaars) nt in thiUnknou upation Unknou	n -				
					ipation	Dthar Contributory Causes of importance:				
12	BIRTHPLACE (city (State or count		Mary	rand		Hypertension Ur	known			
œ	13. NAME		ry Pete	ne		Generalized arteriosclerosis				
FATHER	14. BIRTHPLACE (Chronic Myocarditis with Hype				
FA	(Stata or c		vn)VIOT Y	Talla		Date of				
2	15. MAIDEN NAM	F S	usan Bo	ntagra		What test confirmed diagnosis? Was there an at				
MOTHER			250 2012			23. If death was due to external causes (VIOLENCE) fill in also the following:				
M	O 16. BIRTHPLACE (city or town) Mary 18110 (State or country)				******************	Accidant, suicida, or homicida?				
17.	17. INFORMANT Hospital Records			20 2	end	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.			
18.	18. BURIAL, CREMATION, OR REMOVAL Place Date Date 12/22 1336				1836	Manner of injury				
19	UNDERTAKER (Address)	1	N/W.	Mers	July hud	Nature of injury 24. Was disease or Injury in any way rajated to occupation of decaased? If so, secify)			
20.	FILED	2 2 7	BK E	7 /0	7 Registrar.	(Seneral Crownsville, Marylan	M. D.			
			If more b	lanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1			

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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DING	INE THIS IS A DEDMANENT DE
BINDING	DEDW
)K	~
FOR	Z
	THIE
RESERVED	INK
2	27
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MARGIN	INFADING
3	

V. S. No. 1

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH	12126
STATE OF MARTEAND CERTIFICATE OF DEATH	

1. PLACE OF DEATH	2/
County a.a.	Registration Dist. No.
Village or City Talkeas	NoSt., Ward
2. FULL NAME Length of residence in city or town where death occurred fyrs mes 2. FULL NAME	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Zolland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (winte the word)	21. DATE OF DEATH 16 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 13, 1934, to 24, 16, 1934.
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Becondary to paralyses probably due to spinal cord times cutoff. Benign spinal cord turnon Jacation: 42/1925 unknown.
12. BIRTHPLACE (city or town) Mary last	Conditionally Causes of Importance.
13. NAME Wesley W ayear	
14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Heneretta Suelcest 16. BIRTHPLACE (city or town) May Suelcest (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Gines Prouse (Address) Jackies 13	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF SEMOVAL Place Date Date 18, 1934	Manner of injury
19. UNDERTAKER Of Language (Address) amorpholic forms	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12/17, 1934 11 Clay tot	(Signed) Thilly H. Wilson M.D. (Address) Ladish

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V S.	
Other contributory causes of importance:		Other contributory causes of importance:	my or E
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MOTHER

(Addrass) 20. FILED 12-26-34

FOR BINDING

JARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH			CERTIFICATE OF DEATH
County Anne Arunde			Registration Dist. No.
Village or City Crownsvill Langth of residence in city or town where di	e State	Hospita.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 4. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James P	inkney	THE THE	$\mathcal{O}(\alpha)$
(a) Residence: No. Naylor,	Maryland (Usual place of	abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Separated			21. DATE OF DEATH December 23, (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unkn	own		22. I HEREBY CERTIFY. That I attended decaased from Dec. 19, 1932, to Dec. 23, 1934
6. DATE OF BIRTH (month, day, and year)	1868		I last saw him aliva on Dec. 23, 19 34; death is said
7. AGE Yaars Months 66 Unkno		If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at. 7:50 R. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Value of Work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer		Cerebral Arteriosclerosis Unknown
SAWYER, BOOKKEEPER, etc	Unknown		
10. Date dacaasad last workad at this occupation month and year)	11. Total tima spent in occupat	(years) n thisUnknov	n
12. BIRTHPLACE (city or town) Mary (State or country)			Other Contributory Causes of importance: Senility Unknown
13. NAME Harry Pinkn	ev		
13. NAME Harry Pinkne Harry Pin			Name of oparation. Date of

(State or country)

What test confirmed diagnosis? Was there an au'opsy?

15. MAIDEN NAME Eleanor Green

16. BIRTHPLACE (city or town) Maryland Accidant, suicide, or homicide? Date of injury 19.

(State or country)

Where did injury occur?

(Specify city or town, county and State)

(Address) Crownsyille, Maryland

(Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Injury

24. Was disease or injury in any way related to occupation of dacaased?

(Address) Crownsville, Maryland

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEATI-VOS.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	18188
County At A, Home	Registration Dist. No. 20
Village or City A A. Co Home	- No. St. Ward
6.0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Cashing on	afe:
(a) Residence: No. Aunafalis K	no, St., Ward.
PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIG	
OR DIVORCED (write the	he word) $\mathcal{N} \in \mathcal{C}$ 13" 1934
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
The state of the s	75 c // - 1934, to DEC / 3 1924
6. DATE OF BIRTH (month, day, end yeer) 1874	I last saw here alive on 1984; death is said
	SS than to have occurred on the date stated above, at
60 imprim or	THE RAINCIPAL CAUSE OF DEATH and related gauses of infiportence
Trade, profession, or particular kind of work done, as SPINNER,	Trem Dynd imo la Rolenal Journe
SAWYER, BOOKKEEPER, etc.	Sight and Exposure: Mobing
work was done, es SILK MILL, SAW MILL, BANK, etc.	- Week
5 10. Oate deceased last worked at 11. Total time (years) Exposure to cold Custon fiftee
this occupation (month end spent in this occupation	his diath
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME & 1	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or fown) of Recommendation of the commendation o	Accident, suicide, or homicide? Date of injury 19
State of country)	Where did injury occur?
17. INFORMANT Ass. S. E. Jucker	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) a ac. From Mr	sperblin plan
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place IV O Oat OZC - T	1934. Nature of injury
19. UNDERTAKER LOS J. COX	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Dari Donzille ont:	If so, specify A
20. FILED DEC 13 19.34 Tedward look	lenses (Signed) MCN me tage & M.D.
	legistrar. (Address) Davidsonfill his
· If more blanks are needed address Service	Prince No. 1 C P. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		BUSE OF S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- 1			
			100

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
county amediendel.	Registration Dist. No.
Village or City Crownsvelle	No. St Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Hilliam Kenny	Point
(a) Residence: No. Poule 202 - aberdeen 7	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH Secentles 16,193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from October 39 1934 to 12/16/34 19
6. DATE OF BIRTH (month, day, end year)	, 19, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
R Trade protection or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lerebeal arterioseleisses?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	
10. Date deceesed last worked at this occupation (month and spent in this	
this occupation (month and year) spent in this occupation	
12, BIRTHPLACE (city or town) Karfond County	Other Coatributory Causes of importance:
(State or country) / Maryland.	Levelety,
13. NAME Oblaham Prigg	7
14. BIRTHPLACE (city or town) Mary lafted.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME Jane Presberry	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address Ciolonsaellostate Kangelat.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placestellus spergemeters, Date 13/19/34/19	Menner of injury
Placestelle specy Cometer Date 12/19/34,19	Neture of injury
19. UNDERTAKER Sailey (Address) Sailingloy, Mrs.	24. Was disease or injury in any way related to occupation of degreesed? 26.
20. FILED 21 6 ,49 × 2 7, for ce,	(Signed) M. D.
CONTRACTOR ACESSITAT.	(1100)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 1555			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	OF MARTLAND	-CERTIFICATE OF DEATH
County C'C	CL -,	Registration Dist. No. 21
Village or City CLARE		No. COMIS 79MM Tobule St., Was (If death occurred in a hospital or instruction, give it NAME instead of street and number)
2. FULL NAME (a) Residence: No.	where death occurred yre me was great and a larger of abode)	MITHIN CORPORATE LIMITS OF It nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 12 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	-1910	, 10
7. AGE Yaars Mont		to have occurred on the data stated above, at 2.30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind ot work done, as SPINNE SAWYER, BOOKKEEPER, etc	1 D DOF	Intestinal obstruction Date of open
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked at	11. Total time (years) spantin this	Gonor hoeal salpingitie Duration: not
this occupation (month and year) 12. BIRTHPLACE (city or town)	spent in this occupation	Other Contributor Causes of importance:
(State or country)	Randall	Subacute / Salpingitis 7/
13. NAME) MM	Calvery,	Name of operation 13/12/3/4 Space of attack What test confirmed diagnosis? The attack was there an autonov?
15. MAIDEN NAME Ma	rgret, Randall	What test confirmed diegnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	1 Calvert	Accidant, suicide, or homicida? Date of injury, 19
(State or country) 17. INFORMANT (Address)	ridall,	Where did Injury occur?
18. BURIAL, CREMATION OR REMOVAL PIece 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	engl Date 12 19 , 1981	Menner of injury
19. UNDERTAKER (Addiess)	SENELL	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 2 / 3 4	AMunity Registrar.	(Signed) 4 Mays Marken M. (Address) Annabalis M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 1935			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLAC	S E OF DEA		OF MAR	YLAND—	CERTIFICATE OF DEATH 12131
County	/	ine arun	idel		Registration Dist. No. 21
		nnap		(1)	No. 140 Conduit St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length	of residence in c	ity or town where o	death occurred	7_yrs9_mos	26 ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL	NAME	MARY FI	LINGES S	PRIGGS	
(a) Re	esidence: No	140 Co	onduit S		St., & Ward. WITHIN CORPORATE LIMITS OF
PER	SONAL AN	ID STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
-	widowed, or dive	orced	Sprigg		22: HEREBY CERTIFY: That I attended deceased from 2 6 ,19 3 4, to 2 6 ,19 3 4
6. DATE OF B	IRTH (month, da	y, end year) N8	areh 11,	1847	I last saw held alive on O , 19 K; death is sail
7. AGE	Years 87	Months 9	Days 26	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9. Indust wo SA 10. Date of thi	WYER, BOOKKEI ry or business it rk was done, as W MILL, BANK, deceased last wo is occupetion (mo ar)	rked at onth end	11. Total ti	ime (years) nt in this upation	acute Delalahri J Den & Saali
	CE (city or town) or country)	larvi	County,		Other Contributory Causes of importence: Authority Leurs
13. NAME 14. BIRTH	John	n Hoye	•		
(3	PLACE (city or to tate or country)	own)i	arvland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
		unkno			23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	T. Mr. e	James J. polis, 1	. Stehle		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Arnold	REMOVAL Md.	Date Dec.	8, ,19.34	Manner of injury
19. UNDERTAK (Addie	ss) Anns		Jor.	rp g	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	Î.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHOTOL V C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1 5 ż certificate.

jo

See instructions on back

TION is very important.

of OCCUPA-

STATE	OF MARYLAND-	CERTIFICATE OF DEATH 12132
1. PLACE OF DEATH	10-	(82-0)
County Jone Jorn	un O EX	Registration Dist. No. 20
Village or City Lage	don ville	No. St., Ware
Length of residence in city or town where		osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Ann. (a) Residence: (No. Dave	don Ville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX A 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH & G (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. n. n. l.	Forey	22. HEREBY CERTUFY, That Hattended dacassed fro
6. DATE OF BIRTH (month, day, and year)	W.2 1 1858	I last saw have elive on A = 1937 death is sa
7. AGE Years Months	Days I1LESS than 1 day,hrs ormin.	mare as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Chaebral Jumour Loge 1746 8
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Pen ex	
O 10-Date deceased last worked at this occupation (month end / 92 year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) Laury (State or country)	Antonia, JEX.	
13. NAME TO home	Loreye	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Unionia Hox	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME aura	Litmas	23. If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	***************************************	Accident, suicide, or homicide? Date of injury19
17. INFORMANT Ans. Mins	nie forsel	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) and done 18. BURIAL, CREMATION, OR REMOVAL Place And Andrews Andre	a Date Dec. 12-, 1939	Manner o1 injury
19. UNDERTAKER (Address)	confille ml.	24. Was disease or injury in any way related to occupation of deceased? 11 so, specify
20. FILED. 1924 10	arrie Kriet	(Signed) Al of mex Vary M. (Address) David Son Alla Mod

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	(2)		
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	A		

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY, WIT

ż

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12133
1. PLACE OF DEATH	(121)
County Classe Orundel	Registration Dist. No. 2
Village or City Canadala	No. 108 Pressee Geo. St. / Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred of yes	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Storge O. Ware	
(a) Residence: No. 1 Of Vin Leo.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDQWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Olcumber 14 , 19334 (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chyatelle Marlin Work	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day, and year) Cot - 144 1956	i lost saw h un aliva on Dec 14 , 1934; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9
78 2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, MART - B. T	Charie Myocarditio Date of groset
SAWYER, BOOKKEEPER, etc.	* arterio 8 el Osis /Knaw
9. Industry or business in which work was done, as SILK MILL, in Out of Many	Hypertroply I Prostate +
SAW MILL, BANK, etc	Castilles & Crostotitis & general
this occupation (month and spent in this occupation	Tortorio-saerasie Culta
man la s	Other Contributery Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Memos, due to chronic negoni- VCO
13. NAME Thomas H. Ward	- Waa - 1807
2001.0.0	N
(State or country)	Nama of operation Data of Was there an autopsy?
15. MAIDEN NAME Sugar Thomas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mayland	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT arthur J. Ward	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 108 Pri Seg. H. acurepolita	A
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Dete Dete 1927	Nature of injury
19. UNDERTAKER How Wy Lay Lev	24. Was diseese or injury in eny way related to occupation of deceesed?
(Address)	If so, specify
20. FILED / 2 / 6 , 1934 All web my	(Signed) Wallow H. T. T. M. D. M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE	FOR FURTHER STATEMENTS BY PHYSICIAN
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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago
D - 4 - 44	
Peruonuis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year

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	Registration	Diet No L	
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	if of foreign birth?		.mosds.
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St., Ward.			
	If nonresider	at give city or town a	nd State
MEDICAL	CERTIFICAT	E OF DEATH	
21. DATE OF DEATH	1000 1	(-	
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	(Month)	(Day)	(Year)
22. AA . I HEREE	YCERTIF	Y, That I attend	ed deceased from
2. NW. ZEREE	1934 to	dee, 5	1934
I last saw h. J.M. alive on		4 ,1934	L : don'th lo said
to have occurred on the date st	14	5 n	, death is said
The PRINCIPAL CAUSE OF DE			
were as follows:	AID and related car	^	Date of onset
And Str		1110 :1	2 Nox 27
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3 pourts 900	struction .	In retrained	600
Name of operation Lands of	our - visou	Date of	roce 4
What test confirmed diagnosis?	op.	Was there a	n autopsy?KC
23. If death was due to external	causes (VIOLENCE)	fill in also the follow	ing:
Accident, suicide, or homicide?.		Date of injury	, 19
Where did injury occur?			
Specify whether injury occurred	(Specify city of	or town, county and S	tate)
opening whiteher injury occurred		ome, or mi obeig	LAGE,
Manage of Latinus			
Manner of injury			
Nature of injury			
24. Was disease or injury in any	way related to occu	pation of deceased?_	no.
If so, specify	mil	6.00	
(Signed)	4 //1/6	saffy	M. D.
(Address)	Jawon	ela 01	nd

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BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	1111
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County _______ Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos.___ (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (wniesthe word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at__ 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset & Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OCCUF 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_ ----- Was there an au'opsy! MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury_____ 19 (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specity (Signed).

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JAN 7 105			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	y item of infor-	S should state	t of OCCUPA-	1
•	T RECORD. Ever	Y. PHYSICIAN	Exact statemen	
FOR BINDING	IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of c
fo. 1	WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

V. S. No. 1

			JF MAR	YLAND-	CERTIFICATE OF DEATH 12137
	1. PLACE OF DEA			-	(83)
	CountyAnne				Registration Dist. No.
	Village or CityC	rownsvi	lle Stat	te Hospit	© 1 NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in c	ity or town where	death occurred	7 yrs 10 mos	s. 43 ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME	John W	illiams		
	(a) Residence: No.	805 Tes	sier Sti	reet, Bal	tistore, Mad
80	PERSONAL AN				If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
]	Male Bla	eck	or Divorce Marrie	D (write tha word)	December 25 , 193 4
5a	. If marriad, widowad, or dive HUSBAND of	orced		1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	(or) WIFE of	Lens W	illiams		22. I HEREBY CERTIFY. That I attended dacassed from Feb. 2. 19.27, to Dec. 25. 19.34
6	DATE OF BIRTH (month, da	v and veer)	1870		Feb. 2, 19.27, to Dec. 25, 19.34 I last saw h im alive on Dec. 25, 19.34; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, et 2:20 P. M.
	64	Unkno	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
z	8. Trade, profession, or pa	articular			General Paralysis of the Date of onset
TIO	kind of work done, SAWYER, BOOKKEE	PER, etc.	Unknov	vn	Insane Unknown
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown SAWYER, BOOKKEEPER, etc. Unknown SAW MILL, BANK, atc. Unknown 10. Date deceased last worked at this covered to the c					
S	I IO. Date deceased last wor	rkad at	11. Total t	ime (yaars)	
	this occupation (mo	5W 110	spa oct	nt in this Unkno	
12	. BIRTHPLACE (city or town)	Mar	yland		Other Contributory Causes of Importance: Syphilis ITnknown
_	(Stata or country)				Syphilis Unknown
FATHER	13. NAME John E	3. Willi	ams		
ATI	14. BIRTHPLACE (city or to	own) Marj	rland		Name of oparation Date of
_	(State or country)				What test confirmed diagnosis? Was thera an autopsy?
MOTHER			latthews		23. If death was due to externel causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or to (State or country)	own) Mary	and		Accidant, suicida, or homicide? Date of injury, 19
			D		Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Addrass) Crown	sville.	Records	nd	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL CREMATION, OR F		17/	31	Manner of injury
	Place.	ceen	Date	7,19	Nature of injury.
19	UNDERTAKER AND A	Polin	terost	Ruph	24. Was disaase or injury lo any wey related to occupation of deceasad?
	(Address)	Linte	obusy	· My	If so, specify All All All All All All All All All Al
20.	FILED /2 9	8	7.45	5 cc	(Signed) M. D.
	, ,	16	UN	Registrar.	(Address) Crownsville, Maryland
		If more	vianks are needed, e	adaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bananati V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

-WRITE PLAINLY, WIN

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V. S. No. 1

STATE	OF	MARYL	AND-	CERTI	FICATE	OF	DEATH

19120

1. PLACE OF DEATH	46)
County aak	Registration Digit. No.
Village or City auswerfells IV	No. 14 Parale I St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
AD 1 51. 1	7
2. FULL NAME CULTURE Production	C4 Wood
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Color Conference	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I affended deceased from
(or) WIFE of Level Crown	Tronninced Dead 19
6. DATE OF BIRTH (month, day, and year) about 1879	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at unform. It acting
55 guerrous lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	acute Mulston: John Sult
work was done, as SILK MILL, SAW MILL, BANK, etc.	J
10. Date deceased last worked at this occupation (month and spent in this spent in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	0 1100 0
(State of country)	I Mobble taken ma & Stomesto tealing
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
State or country)	Accident, sulcide, or homicide? Date of injury
1 . M. 1 .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
17, INFDRMANT (Address)	opening mistration injury occurred in inspection, in items, of infrostric fence.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place asluy conley Date Dec 2/4, 1984	Nature of injury
19, UNDERTAKER R. R. Par hom	24. Was disease or injury in any way related to occupation of deceased?
(Address) 34 Secand 3+	If so, specify
20. FILED 12 7 19 34 AN WAS	(Signed) M. D.
Registrar.	(Address) Gu
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FU	JRTHER STATEM	IENTS BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

County Village or City Willage or City Ward Willage or City r City or City Willage or	1. PLACE OF DEATH	TOTAL OF BEATT 1213
Village Dr City. Length of residence in city or town where death occurred	County CC - CC	Registration Dist. Np.
Length of residence in city or town where death occurred yes and severed in city or town and State of Call Mark (a) Residence: No		No. St. Ward
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DUYORCED (write the word) OR DUYOR OR DUYOR (write the word) OR DUYOR DUYOR OR DUYOR (write th		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DUYORCED (write the word) OR DUYOR OR DUYOR (write the word) OR DUYOR DUYOR OR DUYOR (write th	2. FULL NAME Charles Comming	ehl ""
3. SEX		
Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced HUSBANO over of (rivorth) Sa. If married, widowed, or divorced of (rivorth) Sa. If married, widowed, or divorced over one of the sale of th	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
So. JETHPLACE (city or town) Will all and the sum of the country) Will all all and the sum of the country) Will all all all all all all all all all	OR DAVORCED (write the word)	Jecember 17 193 4
6. DATE OF BIRTH (month, day, and yeer) 7. AGE 7. AG	HUSBAND of	22. I HER-EBY CERTIFY, That I ettended dacassed from
S. Trade, profession, or particular kind of work done, as SPINNER, A A MILL, SAWYER, BDKKEPER, etc. Data of eneat were as follows: S. Industry or business in which work was done as STILK MILL, SAW MILL, BANK, etc. Sample in this occupation (month and years)	6. DATE OF BIRTH (month, day, and yeer) 1859	1010 11- 20
Trade, profession, or particular kind of work done, as SPINER, SAWYER, BDDKKEPER, etc. SINDERTY or business in which work wes done, as SILK MILL, SAW MILL, BARK, etc. ID. Date deceased last worked et this occupation (month and wear) Sapant in this occupation (month and wear) Sapant in this occupation (month and wear) Sapant in this occupation State or country) Compared to the country Com	7. (untanown un form 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) CVN Ordo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chy, Myolarditis
12. BIRTHPLACE (city or town) CVN Ordo	9, Industry or business in which work wes done, as SILK MILL,	1
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. What test confirmed diagnosis? Was there an eutopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature o	Shauf in fing	- /www.
What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Addrass) 18. BURIAL, CREMATION, OR REMOYAL Place My 19 Data 12 (20. 1934 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED What test confirmed diagnosis? Was there an eutopsy? Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was diseasa or injury in any way related to occupation of deceasad? If so, specify (Signed) Manner of injury Nature of Injury M. (Signed)		Dther Coutributary Causes of importance:
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17. INFDRMANT Wight a fray, (Addrass) a note of the control of th	16. BIRTHPLACE (city or town) wiknown (State or country)	Accident, suicide, or homicide? Date of injury, 19
Place Wright Lanuly Data 2 2 1934 19. UNDERTAKER & H B Parker 24. Was disease or injury in any way related to occupetion of deceased? 20. FILED V 19 19 24 XIII (Signed) Manual 7-16 Auril 3 M. I		(Specify city or town, county and State)
(Addiess) 47 Washing for SI If so, specify (Signed) Manual 7- Klawans M. I	1 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
20. FILED-C		
	20. FILED 12/9, 19 24 XMarpl	(Signed) Manual to Churans M.

STATE OF MARYI AND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Fr Kalways

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN